

Case Number:	CM14-0000694		
Date Assigned:	01/17/2014	Date of Injury:	04/27/2010
Decision Date:	06/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California, Tennessee, and Virginia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old who sustained an injury on April 27, 2010. Original mechanism of injury was not discussed in the clinical records. The injured worker was followed for complaints of low back pain radiating to the lower extremities. Treatment included multiple epidural steroid injections from L3 to S1 and multiple intramuscular injections. The most recent epidural steroid injections were completed in April of 2013. The injured worker was seen on October 7, 2013. The injured worker had prior lumbar surgeries in 2010 that was consistent with laser discectomy. The injured worker then underwent further discectomy procedures which improved some of her low back pain. The injured worker had continuing complaints of low back pain radiating to the lower extremities. Medications included Norco unspecified muscle relaxer and gabapentin. The injured worker described intermittent numbness in the left lower extremity. On physical examination the injured worker performed heel and toe walking. There was loss of lumbar range of motion with straight leg raise positive to the right at 60 degrees recreating symptoms in the right lower extremity. Reflexes were 1+ and symmetric in the lower extremities. The injured worker was not felt to require further surgical intervention. The request for Trixaicin .025% 240g was denied by utilization review on December 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

URGENT TRIXAICIN 0.025 PERCENT 240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for Trixaicin .025% 240g, this medication contains capsaicin. Per guidelines topical analgesics including capsaicin are largely considered experimental/investigational in the treatment of ongoing chronic pain. They can be considered an option in the treatment of neuropathic pain when other oral medications have failed. The last clinical evaluation available for review did not discuss the response to prior use of first line medications for neuropathic pain such as anticonvulsants or antidepressants. Given the lack of clinical documentation indicating that there was a failure of first line medications to address neuropathic pain such as antidepressants or anticonvulsants there is no evidence supporting the use of Trixaicin for neuropathic for persistent neuropathic symptoms. The request for Trixaicin 0.025%, 240 grams, is not medically necessary or appropriate.