

Case Number:	CM14-0108153		
Date Assigned:	08/01/2014	Date of Injury:	05/31/2005
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine, and is licensed to practice in California. 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 2005. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical compounds. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for a topical capsaicin-containing cream. The injured worker's attorney subsequently appealed. In a progress note dated June 18, 2014, the injured worker was given refills of a cyclobenzaprine-containing topical compound as well as a capsaicin-containing topical compound. Additional physical therapy was sought. Work restrictions were endorsed, although it did not appear that the injured worker was working with said limitations in place. No rationale for selection and/or ongoing usage of the capsaicin-containing cream at issue was proffered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 60 Gram- Twice a Day for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is indicated only as a treatment of last resort, in injured workers who have not responded to and/or are intolerant of other treatments. In this case, however, no rationale for selection and/or ongoing usage of the capsaicin-containing topical cream was proffered. No evidence of intolerance to and/or failure of first-line oral pharmaceuticals were proffered. Therefore, the request is not medically necessary.