

Case Number:	CM14-0013487		
Date Assigned:	02/26/2014	Date of Injury:	11/04/2005
Decision Date:	08/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 49-year-old male who has submitted a claim for lumbar disc displacement, lumbar radiculopathy associated with an industrial injury date of 11/04/2005. The medical records from 11/19/2009 to 03/12/2014 were reviewed and showed that patient complained of chronic low back pain graded 4-8/10. A physical examination revealed tenderness upon palpation over the L4-5 and L5-S1 paravertebral muscles. Muscle guarding was noted over the gluteal maximus region. The lumbar spine range of motion was decreased. MMT of the lower extremities were 4/5 in the left lower extremity otherwise normal. The straight leg raise test was positive at the lower extremity at 45 degree angle in a sitting position. MRI of the lumbar spine dated 07/05/2011 revealed multilevel degenerative disc disease, L4-5 and L5-S1. The treatment to date has included three lumbar epidural steroid injections, physical therapy, chiropractic treatment, acupuncture, and pain medications. The utilization review dated 12/31/2013 denied the request for prescription of capsaicin cream for recurrent radiculopathy of the lumbar spine because there clinical indication to address radiculopathy with topical preparation cannot be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CAPSAICIN CREAM FOR RECURRENT RADICULOPATHY OF THE LUMBAR SPINE (DISPENSED OR NON DISPENSED UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Salicylate.

Decision rationale: The California MTUS Chronic pain treatment guidelines recommended capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guideline states that there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed capsaicin cream 120 grams since 05/08/2012. There was documentation of significant GI disturbances with NSAIDs use. The medical necessity for capsaicin cream use has been established. However, the present request failed to specify the dosage of capsaicin. Therefore, the request for one capsaicin cream for recurrent radiculopathy of the lumbar spine is not medically necessary.