

Case Number:	CM14-0016383		
Date Assigned:	04/11/2014	Date of Injury:	04/03/2000
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 patient is a 63year old female who was injured on 04/03/2000. Mechanism of injury is unknown. Pain medicine re-evaluation note dated 03/20/2014 documented the patient to have complaints of low back pain. The pain is rated as 9/10 in intensity without medications. It is 1/10 in intensity with medications and the patient states the pain has worsened since her last visit. The patient is status post Caudal Epidural Steroid Infusion bilateral L4-5 on 11/12/2013. Post procedure the patient reports moderate overall improvement. The patient reports moderate functional improvement and improved mobility. The duration of the improvement was three months. The patient reports that the use of anti-seizure class, current H2 blocker, muscle relaxant, opioid pain medication is helpful. Trixaicin ointment is "burning" her skin. Pain Medicine re-evaluation dated 07/03/2013 documented the patient with complaints of low back pain that radiates to bilateral lower extremities. The patient's pain level is increased with average pain level of 8/10 with medications and 10/10 without medications. The patient reports activities of daily living limitations in the following areas: Self-care/hygiene, activity, ambulation and Final Determination Letter for IMR Case Number [REDACTED] sleep. The treatments provided are B12 injection and Toradol injection. The treatment plan and medications have been refilled as Neurontin 300 mg, Protonix20 mg, Ultram ER 200 mg, Trixaicin 0.025% cream, Hydrocodone-acetaminophen 10-325 mg and Lunesta 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRIXACIN CREAM 20MG 0.025% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-1113. Decision based on Non-MTUS Citation WebMD website.

Decision rationale: According to the guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Trixaicin is a topical lotion containing .025% Capsaicin. The guidelines state Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish this to the case of the patient. The patient is responsive to her oral medication regimen. The patient reports the cream burns her skin. The medical records do not establish this product is medically necessary for the treatment of this patient's complaints.