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| Case Number: | CM14-0118236 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/20/2013 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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:

This 47 year old patient had a date of injury on 4/20/2014. The mechanism of injury was not noted. In a progress noted dated 2/13/2014, subjective findings included neck pain and right upper extremity symptoms. She complains of anxiety and depression, numbness. She is working full time and would like to tolerate some overtime. On a physical exam dated 2/13/2014, objective findings included no signs of malnourishment, obesity, deformity, poor dentition or poor hygiene. She admits to consuming alcohol. Diagnostic impression shows cervical disc displacement without myelopathy. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/14/2014 denied the request for capsaicin cream DOS 2/13/2014, stating that capsaicin cream above .025% is not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin Cream Dispensed On 02/13/2014 Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

Decision rationale: CA MTUS state that capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. On a physical exam dated 2/13/2014, it was noted that she uses naproxen occasionally and is also taking Relafen for pain. There was no discussion of failure of these NSAIDS, and capsaicin over .025% is not supported by guidelines. Therefore, the request for Capsaicin cream is not medically necessary.