

Case Number:	CM14-0124342		
Date Assigned:	08/08/2014	Date of Injury:	10/21/2009
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old gentleman was reportedly injured on October 21, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness and spasms along the lumbar spine paraspinal muscles and at the posterior superior iliac spine. There was decreased lumbar spine range of motion, a positive straight leg raise test, and diminished sensation in the right lower extremity. Diagnostic imaging studies of the lumbar spine revealed a disc herniation at L3 - L4 and L4 - L5. Previous treatment includes oral medications. A request had been made for capsaicin cream and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream retro 6/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 29 of 127.

Decision rationale: The California MTUS Guidelines supports the use of capsaicin for individuals who are intolerant to other treatments for the management of osteoarthritis at doses of 0.025%, but it is considered experimental in very high doses. Based on the clinical documentation provided, it is not stated that the injured employee's intolerant to other treatments, nor is there a strength of this cream specified. For these reasons, this request for capsaicin cream is not medically necessary.