

<b>Case Number:</b>	CM14-0137057		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 66-year-old female with a date of injury of March 15, 2011. The injury resulted from electronic doors suddenly slamming shut on her, hitting her forehead and knocking her backward against the wall. Her current complaints include severe headaches, neck pain with radiation into her left arm and hand, weakness in her right hand and arm, and left shoulder pain. The left hand also has numbness and tingling in all her fingers. The cervical MRI scan shows multilevel degenerative disc disease with central canal narrowing and moderate to severe foraminal stenosis. The patient underwent a cervical epidural steroid injection bilaterally at C5-C7 on 10/3/2013. A progress note on 3/31/2014 states she received 50-80% overall improvement and it lasted for 3 months. A progress note dated 11/6/2013 states the patient's pain level is increased with an average pain level of 6/10 with medication and 9/10 without medication. However, it goes on to state that the patient still has relief from her last cervical epidural. It does not state what her overall improvement was in terms of decreasing medication, increasing functional capacity and activities of daily living. Later progress notes do mention a decrease in medication and increasing function. A request is made for a repeat cervical epidural bilaterally at C5-C7. There is also a request for a refill of capsaicin 0.025% cream. The patient has been using capsaicin cream for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-7 cervical epidural using fluroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

**Decision rationale:** The MTS guidelines state that the purpose of steroid epidural injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in a more active treatment program, and avoiding surgery, but this treatment alone is of no significant long-term functional benefit. There is some confusion in the medical record whether this patient did receive the 50-80% relief of pain from the injection and whether it lasted 3 months. This is an important criterion for doing repeat injections. Also, there is no documentation in the record on whether this patient is involved in an evidence based program of active treatment including a home based exercise program of active therapy. Therefore, until the discrepancy in the documentation is addressed and until there is documentation of progress in a more active treatment program including home based therapy, the medical necessity for repeat epidural steroid injections has not been established. Such as, Bilateral C5-7 cervical epidural using fluoroscopy is not medically necessary.

**Capsaicin 0.025% cream use three times daily QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The MTUS last guideline states that capsaicin cream is an option in patients who have not responded or are intolerant to other treatments. This patient is using capsaicin in addition to several other medications for her pain complaints. There is no documentation why capsaicin was added to her medication regimen. There is no documentation on the effectiveness of this medication in this patient. While this medication has been shown to have a positive effect on patients with chronic nonspecific back pain, there is no documentation that the medication is having a positive effect in this patient. Therefore, without supportive documentation on the effectiveness of capsaicin cream, the medical necessity for using this medication has not been established. Such as, Capsaicin 0.025% cream uses three times daily QTY: 60 is not medically necessary.