

Case Number:	CM14-0157305		
Date Assigned:	09/30/2014	Date of Injury:	01/31/1997
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of January 31, 1997. A utilization review determination dated September 10, 2014 recommends noncertification of a topical compound including capsaicin and cyclobenzaprine. A progress report dated August 25, 2014 identifies subjective complaints of neck pain, shoulder pain, and head pain. The patient also has pain radiating into the upper extremities with numbness and tingling. She has ongoing physical therapy which has reduced her symptoms. The left hand is hypersensitive. She uses a topical cream and Norco which she states decreases her pain from 10/10 to 7/10. She indicates that Topamax has not help for headaches previously. She has had previous reactions to Celebrex, Lyrica, Cymbalta, naproxen, Norco, Soma, Butrans, meloxicam, dilaudid, and tramadol. Physical exam findings reveal severe pain upon palpation with 5 -/5 strength in both upper limbs with decreased sensation around the right upper limb. Diagnoses include cervical radiculopathy, lumbar radiculopathy, right shoulder impingement, chronic whole body pain, history of substance abuse, and obesity. The treatment plan recommends continuing a tens unit, Norco, and a trial of capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Capsaicin Cream 0.05% + Cyclo 4% to decrease pain, as an outpatient, submitted diagnosis of Chronic Whole Body Pain between 9/8/2014 and 10/23/2014: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin Cream 0.05% + Cyclo 4%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants are not supported by the CA MTUS for topical use. As such, the currently requested Capsaicin Cream 0.05% + Cyclo 4% is not medically necessary.