

Case Number:	CM14-0159413		
Date Assigned:	10/03/2014	Date of Injury:	07/16/2010
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 53 year old female presenting with chronic pain following a work related injury on 7/16/2010. The claimant complain of low back pain. Lumbar MRI showed hemilaminectomy defect at L4-5 and recurrent disc herniation at L4-5 with intraforaminal protrusion with flattening of both the L4 nerve roots and a similar disc protrusion at L5-S1 impingement on the bilateral S1 nerve roots. The physical exam showed decreased lordosis, positive facet loading of lumbar spine, right greater than left, spasm and guarding. The claimant was diagnosed with sciatica, major depression, stenosis of the lumbar spine, lumbar disc displacement, post laminectomy syndrome status post hemilaminectomy L4-5 around 2000, degeneration lumbar, disorders of the sacrum. The claimant's medications include Naproxen, Pantoprazole, Fluoxetine, Excedrin Vitamin B12 and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.076 % cream, apply to affected area 3 times a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Capsaicin 0.076 % cream, apply to affected area 3 times a day #1 topical cream is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.