

Case Number:	CM14-0163236		
Date Assigned:	10/08/2014	Date of Injury:	10/13/2010
Decision Date:	12/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

According to the records made available for review, this is a 53-year-old male with a 10/13/10 date of injury. At the time (9/12/14) of the Decision for Capsaicin 0.025%, there is documentation of subjective (low back radiating to lower extremities with numbness and tingling) and objective (tenderness to palpation over lumbar spine with spasm, positive bilateral straight leg raise, and decreased sensation over L4 dermatome) findings, current diagnoses (lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Omeprazole, Xolido cream, Methoderm gel, Ambien, and Percocet)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In

addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that 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. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. However, there is no documentation that the patient has not responded or is intolerant to other treatments. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.025% is not medically necessary.