

Case Number:	CM14-0023369		
Date Assigned:	06/11/2014	Date of Injury:	06/13/2013
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 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:

The injured worker is a 65 year old female who reported an injury on 06/13/2013. She was working as a caregiver and while lifting her patient from the bed to the wheelchair, she felt a painful "pull" sensation in her left shoulder and "she could hardly lift her left arm". On 04/22/2014 her complaints included neck pain radiating to the shoulders, upper back pain, low back pain radiating to the buttocks, bilateral shoulder pain radiating to the arms, bilateral hand pain and bilateral knee pain radiating to the legs. On 07/13/2013 MRIs showed disc desiccation C2-C7, disc herniation L1-L5 and left shoulder tendonosis. Her diagnoses included chronic sprain/strain of the cervical, thoracic, lumbar spine right shoulder, right knee and contusion/sprain of the left shoulder. She had received 22 sessions of physical therapy, 5 sessions of acupuncture and 16 sessions of chiropractic. Pain medications documented on 06/19/2013 included "Norco 10" and "Capsaicin gel 60 gm". There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN GEL 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Capsaicin Gel 0.025% is not medically necessary. This 65 year old injured worker reported feeling a pull in her left shoulder while transferring a patient on 06/13/2013. On 04/22/2014 her complaints included neck pain radiating to the shoulders, upper back pain, low back pain radiating to the buttocks, bilateral shoulder pain radiating to the arms, bilateral hand pain and bilateral knee pain radiating to the legs. California MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, including Capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. There is no documentation found of failed trials with aspirin, NSAIDS, antidepressants or anticonvulsants. There is no documentation of the results of the other modalities of conventional care for this worker. The request does not specify frequency of nor specific body parts for application. Therefore, this request for Capsaicin Gel 0.025% is not medically necessary.