MAXIMUS Federal Services

Case Number:	CM14-0034972		
Date Assigned:	06/23/2014	Date of Injury:	09/12/2002
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Medicine and is licensed to practice in California and Nevada. 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 55 year old female injured on 09/12/02 due to undisclosed mechanism of injury. Current diagnoses included cervicogenic headaches, cervical disc bulge at C3-4, status post anterior cervical discectomy and fusion at C4 through C7 with decompression of C7 nerve root on 06/27/11, right lateral epicondylitis, and right lateral myofascitis of the forearm. Clinical note dated 03/03/14 indicated the injured worker presented complaining of severe migraine with pain radiating into the right arm and leg resulting in antalgic gait and dragging of right foot. The injured worker reported Ultram and Biotherm decreased pain from 8 to 5/10. The injured worker utilized Prilosec for gastric symptoms. Physical examination of the cervical spine revealed decreased range of motion, tenderness to paraspinal trapezius muscles, Spurling positive, cervical compression positive, decreased 4/5 strength and sensation on the right at C5, C6, C7, C8 normal 5/5 strength and sensation on left, and deep tendon reflexes 2+. Acupuncture, pain management consultation, neurological follow up consultation and urinalysis requested. The request for Biotherm (capsaicin 0.002%) 4oz was initially not medically necessary on 03/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM (CAPSAICIN 0.002%), 4 OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, page(s) Page(s): 28.

Decision rationale: As noted on page 28 of the Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Bio-Therm (Capsaicin 0.002%), 4 OZ cannot be recommended as medically necessary.