MAXIMUS Federal Services

Case Number:	CM14-0058789		
Date Assigned:	07/09/2014	Date of Injury:	09/21/2010
Decision Date:	08/27/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 37-year-old female who reported an injury on 09/21/2010. The mechanism of injury was not reported in the submitted reports. The injured worker has diagnoses of lumbar disc displacement without myelopathy, neck pain, cervical brachial syndrome, sciatica, depression, chronic cervical strain with myofascial pain in the neck and upper back, possible bilateral cervical radiculitis, low back pain with suspicion of lumbar discogenic pain, reactive depression, chronic pain syndrome, and sacrum disorders. Past medical treatment for the injured worker includes the use of a TENS unit, physical therapy, acupuncture, massage therapy, and medication therapy. The injured worker complained of pain in her low back. She described it as burning and that it radiated into her bilateral lower extremities, worse on the left. The injured worker also complained of ongoing chronic neck pain, worse on the left than the right. She stated that the neck pain radiated into both upper extremities along the dorsal and ventral aspects of her arms, affecting more the dorsal surfaces. There was no measurable pain level documented in the submitted report. Physical examination dated 07/30/2014 revealed that there was tenderness over the posterior cervical paraspinal muscles from the approximate levels of C3-7. There was limitation in cervical flexion and extension with guarding. On examination of the low back, there was tenderness to palpation over the lower lumbar paraspinal muscles with limitation in lumbar flexion to 40 degrees and extension to 10 degrees. Straight leg raise was grossly positive bilaterally, worse on the left than the right. There was tenderness to palpation over the left buttocks and piriformis with increased pain with both passive and active internal rotation of the left hip. The medications for the injured worker include Topamax 25 mg, 2 tablets at bedtime; sodium 100 mg, 10 mL 2 times a day; Flovent HFA 110 mcg inhaler 2 times a day; fluticasone 50 mcg spray 2 times a day; Ventolin HFA 90 mcg as needed; Zolpidem 5 mg once every 3 days; Ibuprofen 200 mg, and Omeprazole 20 mg. Diagnostics include an

EMG/NCS of the bilateral lower extremities dated 02/27/2012, an MRI of the lumbar spine without contrast dated 10/18/2010, an MRI of the lumbar spine without contrast dated 04/09/2014, and an MRI of the cervical spine without contrast dated 04/09/2014. The treatment plan is for the injured worker to try the trial of orphenadrine that the provider has prescribed for her for muscle spasm pain. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin (DOS 03/04/2014), for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The retrospective request for Capsaicin (DOS 03/04/2014) for lumbar spine is not medically necessary. The injured worker complained of pain in her low back. She described it as burning and that it radiated into her bilateral lower extremities, worse on the left. The injured worker also complained of ongoing chronic neck pain, worse on the left than the right. She stated that the neck pain radiated into both upper extremities along the dorsal and ventral aspects of her arms, affecting more the dorsal surfaces. There was no measurable pain level documented in the submitted report. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. The submitted report did not specify the formulation of the Capsaicin. In addition, the dose, quantity, and frequency for the proposed medication were not provided in the submitted request. Furthermore, the submitted report did not indicate the efficacy of the medication or if the injured worker had benefits using the Capsaicin. As such, the request for retrospective Capsaicin that was issued 03/04/2014 for the lumbar spine is not medically necessary.