

Case Number:	CM14-0066874		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2011
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old female who reported injury due to continuous and repetitive trauma on 10/10/2011. On 04/22/2014, her diagnoses included brachial neuritis/radiculitis, thoracic/lumbar neuritis, and lumbago. On 01/24/2014, her medications included Vicodin 5/300 mg, Voltaren 75 mg, Zanaflex 4 mg, and omeprazole 20 mg. The rationale for the request for omeprazole read that this worker related the occurrence of severe nausea intermittently for the past 2 years, associated with upper abdominal burning as well as lower chest discomfort. She had frequently awakened at night with severe abdominal pain and gastric contents in her mouth. When that occurred, she would sit up and drink water for some partial relief. To help alleviate the effect of her pain, she had been prescribed omeprazole 20 mg. "The omeprazole is effective in relieving her abdominal pain and nausea". There was no rationale for the requested Capsaicin. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25% 60 ml. #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Capsaicin 0.25% 60 ml #1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical Capsaicin has moderate efficacy, it may be particularly useful for patients whose pain has not been controlled successfully with conventional therapy. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of 0.25% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, the body part or parts to which this cream was to have been applied was not specified in the request. Furthermore, there was no frequency of application included in the request. Therefore, this request for Capsaicin 0.25% 60 ml #1 is not medically necessary.

Prilosec 20 mg. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which includes Prilosec, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if the patient is at risk gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulants, or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker does not have any of the above diagnoses, nor does she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify the frequency of administration. Therefore, this request for Prilosec 20 mg #30 is not medically necessary.