

Case Number:	CM14-0072238		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 patient is a 35-year-old male who has submitted a claim for forearm joint pain associated with an industrial injury date of September 19, 2011. Medical records from 2014 were reviewed. The patient complained of significant left elbow, left wrist and left shoulder pain. Physical examination findings showed tenderness over the left cervical paraspinal muscle with muscle tension extending into the left upper trapezius muscle; limitation of motion of the cervical spine; decreased sensation to touch along the left upper extremity compared to right; grip strength of 4/5 on the left; decreased abduction of the index finger on the left; and mildly positive Tinel's at the left wrist. The diagnoses were forearm joint pain and chronic pain syndrome. According to utilization review treatment appeal on May 2, 2014, patient has a history of rectal bleeding secondary to hemorrhoids and had some side effects with anti-inflammatories. Capsaicin cream applied on the left elbow and wrist helps to decrease wrist pain from 6-7/10 down to 2/10 together with hydrocodone. It was also noted that Elavil was tried, however it caused dizziness. Topamax was also given but did not help. Treatment to date has included oral and topical analgesics, muscle relaxants, home exercise program, and left shoulder arthroscopic surgery. Utilization review from April 24, 2014 denied the request for Capsaicin 0.075% cream. There is no evidence that he patient tried and failed first line therapeutic options for neuropathic pain such as SNRI antidepressants, or anti-seizure medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream: Upheld

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

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

Decision rationale: As stated on pages 28-29 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, capsaicin use was noted as far back as January 2014 for neuropathic pain. Decrease of wrist pain from 6-7/10 down to 2/10 was noted with its use together with hydrocodone. An appeal on May 2, 2014 stated that the patient has failed first line agents such as antidepressants and anti-epilepsy drugs (AEDs). However, the guideline clearly states that capsaicin in 0.075% topical formulation is not recommended. Therefore, the request for Capsaicin 0.075% cream is not medically necessary.