

Case Number:	CM14-0083223		
Date Assigned:	07/21/2014	Date of Injury:	02/27/2006
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 38-year-old male who reported an injury on 02/27/2006. The mechanism of injury was cumulative trauma. On 02/07/2014, the injured worker presented with bilateral hands, bilateral elbows, and right shoulder pain. Upon examination of the right shoulder the range of motion was limited to 25% in terms of flexion and abduction, there was tenderness noted over the lateral epicondyle on the right, and decreased sensation to light touch to the ulnar and median nerve distribution on the right compared to the left. The diagnoses were pain in the joint, shoulder, and carpal tunnel syndrome. Current medications included gabapentin, nabumetone, Relafen, Pantoprazole, Protonix, diclofenac sodium, anti-inflammatory cream, and Advil. The provider recommended capsaicin cream. The provider's rationale was not provided. The request form was undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, apply to affected area three times a day #2: 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.

Decision rationale: The request for Capsaicin 0.075% cream, apply to affected area 3 times a day #2 is non-certified. California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended for injured workers who are intolerant to or is unresponsive to other treatments. There is lack of documentation that the injured worker was found to be unresponsive or intolerant to other treatments. Additionally, there is lack of documentation of failed trial of antidepressants and anticonvulsants. The provider's request does not indicate the site the capsaicin cream is intended in the request as submitted. Therefore, the request for Capsaicin is not medically necessary.