MAXIMUS Federal Services

Case Number:	CM13-0044942		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2006
Decision Date:	04/02/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial injury on 9/01/2006. The diagnoses have included lumbalgia with bilateral radicular symptoms worse on the right, lumbar disc disease, multilevel and lumbar foraminal stenosis. Treatment to date has included epidural injections, medications and restrictions. Currently, the IW complains of lumbar spine pain rated as 5/10 which is an improvement from 7/10 pain without the use of medications. Objective findings included limited range of motion of the lumbar spine with tenderness to palpation of the lumbar paraspinal muscles bilaterally. There was hyper tonicity noted over the paraspinal muscles bilaterally. Kemp's test was positive bilaterally. Straight leg raise test was positive at 60 degrees with pain that radiated down the posterior thigh. On 9/30/2013, Utilization Review non-certified a request for Bio-therm (capsaicin 0.002%) 4 oz., noting that the current evidence based guidelines do not support the use of creams in the injuries cited. The ODG was cited. On 10/29/2013, the injured worker submitted an application for IMR for review of Bio-therm (capsaicin 0.002%) 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM (CAPSAICIN 0.002%), 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 112-113 of 127.

Decision rationale: Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin cream is not medically necessary.