

Case Number:	CM14-0178404		
Date Assigned:	10/31/2014	Date of Injury:	06/01/2009
Decision Date:	03/30/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old female, who sustained an industrial injury on 6/1/09. She has reported low back and hip pain related to a fall. The diagnoses have included status post ORIF for dislocated right hip 8/15/12, anxiety and depression. Treatment to date has included CT of the lumbar spine and right hip, chiropractic treatment, physical therapy and oral medication. As of the PR2 dated 8/13/13, the injured worker reported pain in the right hip especially when ambulating. There are no other progress notes in the case file. The treating physician requested Capsaicin gel 0.025% #1 and an orthopedic surgeon consultation for the right hip. On 9/26/14 Utilization Review non-certified a request for Capsaicin gel 0.025% #1 and an orthopedic surgeon consultation for the right hip. The utilization review physician cited the ODG and MTUS guidelines for chronic pain medical treatment. On 10/28/14, the injured worker submitted an application for IMR for review of Capsaicin gel 0.025% #1 and an orthopedic surgeon consultation for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Gel 0.025% #1: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Capsaicin or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above Capsaicin Gel 0.025% #1 is not medically necessary.

Referral To Ortho Surgeon Regarding The Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patients response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for referral Ortho Surgeon Regarding The Right Hip is not medically necessary at this time.