

Case Number:	CM14-0203915		
Date Assigned:	12/16/2014	Date of Injury:	11/17/2012
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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:

This is a 54 year old female with a work injury dated 11/17/2012. The mechanism of injury is documented as occurring while helping a client in a wheelchair. On 10/13/2014 office visit the injured worker (IW) was complaining of pain in the right shoulder, arm, and neck. She rated the pain 6/10 and reported it would wake her up at night. The IW was currently working six days a week. Physical exam revealed decreased extension of cervical spine. Straight leg raising test, Patrick's and facet loading tests were positive producing low back pain. Spurling's test produced right arm pain. There was tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature and sacroiliac joint region. The IW had right shoulder pain with positive O'Brien's test. Prior MRI report (as documented by provider) showed degenerative disc changes in the neck and the lower back as well as a shoulder tendon tear. NCV of bilateral lower extremities was normal. EMG showed bilateral chronic lumbar 4- lumbar 5 radiculopathy. Acupuncture helped and temporarily allowed her to work however the next day pain would return. She was also using a TENS unit at work and at home which helped. Diagnostic Impression was:- Cervicalgia- Degenerative disc disease- Cervical facet dysfunction- Cervical radiculopathy- Lumbago- Lumbar radiculopathy- Lumbar disc protrusion- Lumbar facet dysfunction with degenerative disc disease- Right shoulder pain with glenohumeral ligament laxity. On 10/21/2014 the provider requested Capsaicin Cream 0.023% topical gel to be applied three times daily # 120 grams. On November 6, 2014 utilization review issued a decision determining the request to be non-certified stating "Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments." The reviewer noted the injured worker was responding to acupuncture and TENS unit and did not appear to be intolerant to other treatments. Guidelines cited were California Chronic Pain Medical Treatment Guidelines. The decision was appealed to Independent medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.025% #120gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription for capsaicin cream 0.025% #120 g is not medically necessary. Topical analgesics are largely experimental with few 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. Topical capsaicin has moderate to poor efficacy. In this case, the injured worker's working diagnoses are cervicalgia; degenerative disc disease; cervical facet dysfunction; cervical radiculopathy; lumbago; lumbar radiculopathy; lumbar disc protrusion; lumbar facet dysfunction with degenerative disc disease; and right shoulder pain with glenohumeral ligament laxity. The documentation from the medical record indicates the injured worker was using capsaicin cream as early as July 30, 2014. (This appears to be a refill?) The documentation does not provide a start date for capsaicin cream. The documentation does not provide evidence of objective functional improvement or specific subjective improvement associated with the topical analgesics. The July 2014 progress note indicates the injured worker is to start ibuprofen 800 mg; Tizanidine 2 mg; capsaicin cream; Voltaren gel. An additional Capsaicin refill was requested in the October 13, 2014 progress note. Again, there was no evidence of objective functional improvement. Consequently, absent clinical evidence of objective functional improvement with ongoing use of capsaicin cream, capsaicin cream 0.025% #120 g is not medically necessary.