

Case Number:	CM14-0060975		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2011
Decision Date:	04/07/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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:

This 68-year-old female sustained a work related injury on 11/11/2011. According to a progress report dated 04/09/2014, subjective complaints included lumbar spine pain, stiffness and weakness, right and left wrist and hand pain, stiffness and weakness. Exam overall was noted to be worse for the lumbar spine. Diagnoses included sprain/strain lumbar and sciatica. Treatment plan included Capsaicin for pain and inflammation and continue individual therapy once a month for the next three months. The injured worker was temporarily totally disabled. On the prior exam dated 03/03/2014, documentation indicated that the injured worker was prescribed Capsaicin. On 04/18/2014, Utilization Review non-certified Capsaicin 60grams x 2 per month, apply twice a day to cervical spine for pain and inflammation. According to the Utilization Review physician, the claimant's last approval for Capsaicin was based on the claimant apparently being unable to tolerate oral medication. However, without documentation of measurable pain information, measurable subjective and/or functional benefit with prior Capsaicin and the fact there have been no studies of a 0.0375 percent formulation of Capsaicin and there is not current indication that this increase over a 0.025% formulation would provide any further efficacy, recommendation is for non-certification. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 60gm x2 per month, apply BID to C/S for pain and inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. Capsaicin, a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Capsaicin 60gm x2 per month, apply BID to C/S for pain and inflammation is not medically necessary.