

Case Number:	CM14-0077211		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2013
Decision Date:	01/30/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/28/2014

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:

The patient is an injured worker with a history of lumbosacral spine injury. Date of injury was November 9, 1995. Mechanism of injury was motor vehicle accident. The progress report dated April 08, 2014 documented subjective complaints of low back pain. The patient states that he is still doing fairly well since the lumbar epidural injection on March 4, 2014. He is still having decreased pain in both his back and legs. He is still getting by with less of the Morphine and he is using this twice daily instead of three times daily. He states that his pain level is about 6/10 on the VAS visual analogue scale with medication. Lumbar spine MRI magnetic resonance imaging dated June 19, 2008 demonstrated degenerative change and spondylosis of the lumbar spine, postoperative imaging artifact in the lower lumbar spine, L4-5 mild bilateral foraminal narrowing, L5-S1 broad-based disc protrusion with effacement of the anterior epidural space and mild abutment of the anterior thecal sac. There is obscuration of the foramina. There is probably moderate right and mild left foraminal narrowing. Lumbar spine MRI magnetic resonance imaging dated July 20, 2012 demonstrated moderate bilateral facet arthrosis and ligamentous hypertrophy at L3-4. At L5-S1, there is severe loss of disc height and moderate endplate spondylosis. There is no disc herniation. There is moderate bilateral intravertebral neural foraminal narrowing. There is mild paraspinal muscular atrophy. Stable appearing post surgical changes at L4-5 and L5-S1. Straightening of the normal lumbar lordosis was noted. There are no disc herniations. Physical examination was documented. The patient is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented. The patient ambulates to the examination room without assistance. Current medications included Cymbalta, Baclofen, Ketamine 5% cream, and Morphine Sulfate ER 30 mg one tablet every 12 hours. Diagnoses included lumbar disc displacement and postlaminectomy syndrome lumbar and secondary revision in 2002. Treatment plan was documented. The patient continues to have low back pain.

He is still having good pain relief following the lumbar epidural steroid injection a month ago. He has been able to decrease his medication use and is using Morphine twice daily with benefit. Prescriptions included Baclofen, Cymbalta, and Ketamine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% 240g: 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. Capsaicin, topical. Page(s): 111-113, 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress report dated April 08, 2014 documented that the patient states that he was doing fairly well since the lumbar epidural injection on March 4, 2014. He was having decreased pain in both his back and legs. He is managing with less of the Morphine and he is using this twice daily instead of three times daily. He was having good pain relief following the lumbar epidural steroid injection a month ago. He has been able to decrease his medication use and is using Morphine twice daily with benefit. Medications included Cymbalta, Baclofen, Ketamine 5% cream, and Morphine Sulfate ER 30 mg one tablet every 12 hours. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Therefore, the use of topical Capsaicin is not supported by MTUS guidelines. Therefore, the request for Capsaicin 0.025% 240g is not medically necessary.