

Case Number:	CM15-0005439		
Date Assigned:	01/16/2015	Date of Injury:	06/03/2009
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/10/2015

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

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 50 year old female, who sustained an industrial injury on 06/03/2009. A follow up visit dated 09/12/2014 reported the patient having gone through the functional restoration program with continued complaint of pain in her upper extremities to the elbow bilaterally and additionally in the left shoulder and upper back. Previous treatment includes; medications and several emergency room visits receiving pain injections. She reported seeing another physician of which she is receiving Norco. She also reported receiving Ativan and protonix from her gastroenterologist. Current prescribed medications are; Capsaicin cream, Fentanyl Patch, Protonix, Ativan, Mirtazapine and Lyrica. She is diagnosed with carpal tunnel syndrome, lesion on ulnar nerve, and repetitive strain injury of the upper extremities with pain in bilateral elbows and shoulders. She is noted as permanent and stationary. On 12/24/2014 utilization Review non-certified a RETROspective request for Capsaicin Cream, noting the CA MTUS Treatment Guidelines, Topical Analgesia was cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream Quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity, left worse than right. The request is for CAPSAICIN 0.075% CREAM QUANTITY 4. The patient is currently taking Capsaicin cream, Fentanyl patch, Protonix, Ativan, Norco, Mirtazaprine and Lyrica. The patient has been utilizing Capsaicin cream since at least 09/27/13. MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS Guidelines page 111 allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the patient does not presents with fibromyalgia, osteoarthritis, and nonspecific low back pain for which this topical medication would be indicated. The patient has been on this topical cream more than a year. The treater does not discuss it's efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the MTUS does not recommend Capsaicin concentration exceeding 0.025%. The request IS NOT medically necessary.