MAXIMUS Federal Services

Case Number:	CM15-0109513		
Date Assigned:	06/16/2015	Date of Injury:	11/01/2012
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 11/1/12 the diagnoses have included cervical spine multi-level disc protrusion and lumbar spine multi-level disc protrusion. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 7/28/14, the injured worker complains of persistent cervical and lumbar spine pain rated 8/10 on pain scale. He notes that the lumbar spine pain has worsened since the last visit and radiates into the bilateral lower extremities. He notes that the pain is improved with medications and stretching. Physical exam of the lumbar spine reveals tenderness to palpation with bilateral p positive sitting straight leg raise. The current medications included Norco and Prilosec. There is no previous urine drug screen, no previous diagnostic study reports and no previous therapy sessions noted in the records. The physician requested treatment included Capsaicin based Biotherm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin based biotherm cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin Page(s): 28.

Decision rationale: The California MTUS section on capsaicin cream states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. These criteria for use have not been met in the provided clinical documentation for review and therefore the request is not certified.