

Case Number:	CM15-0016987		
Date Assigned:	02/04/2015	Date of Injury:	06/03/2009
Decision Date:	04/07/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/28/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 a work related injury June 3, 2009, noted as cumulative trauma in her arms with burning pain. Her job involved a great deal of keyboarding. Past medical history includes asthma. Over the course of care, the injured worker has received physical therapy, H-wave, acupuncture, psychologist visits and a functional restoration program. According to a treating physician's noted dated September 12, 2014, she has been treated by him since October 2009, for continued complaints of upper extremity pain up to the elbow level bilaterally, both hands and all fingers and additionally left shoulder and upper back pain. Diagnoses are documented as carpal tunnel syndrome; lesion ulnar nerve with repetitive strain injury of the upper extremities. Treatment included request for topical analgesics and massage therapy. Of note, some medications are filled outside of the workers compensation program as they have been previously denied. According to utilization review dated December 24, 2014, the retrospective request (DOS 8/15/2014) for Capsaicin 0.075% cream apply (3) times daily QTY: 4 is non-certified, citing MTUS, Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 8/15/14 Capsaicin 0.075% Cream (apply 3 times daily) Qty 4:
 Overturned

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 Analgesics Page(s): 112, 113 of 127.

Decision rationale: The California MTUS Guidelines recommends topical capsaicin for individuals with not responded or are intolerant other treatments. The attached medical record does indicate that the injured employees currently prescribed fentanyl patches, Norco, and Lyrica which were stated to be helpful. Per MTUS p 112 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 request is medically necessary.