

Case Number:	CM15-0137121		
Date Assigned:	07/27/2015	Date of Injury:	10/29/2004
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old female with an industrial injury dated 10/29/2004. Her diagnoses included cervical fusion with failed neck syndrome, bilateral cervical radiculopathy, new onset of tension headache, status post permanent implantation of spinal cord stimulator and severe gastritis from chronic medications. Prior treatment included spinal cord stimulator. She presents on 05/12/2015 for pain management follow up for cervical radiculopathy with failed neck syndrome. The treating physician documents the following: "Currently she is relying on her spinal cord stimulator as well as oral pain medication for management of her condition and to keep her functional. She also has severe gastrointestinal irritation and relies on Dexilant and Omeprazole for management of her gastritis." She rated her pain as 4-5/10. Physical exam noted decreased range of motion of the cervical spine and tenderness over the right elbow. The treatment plan included oral medication, a pain cream and reprogramming her spinal cord stimulator. The treatment request is for Capsaicin cream 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 240 gm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck pain and radiculopathy. She has a spinal cord stimulator and a history of medication induced gastritis. When seen, there was cervical and upper trapezius tenderness with decreased cervical range of motion. There was decreased upper extremity strength. There was right lateral epicondyle tenderness. Recommendations included reprogramming of the spinal cord stimulator. Medications were refilled. Topical compounded capsaicin was prescribed. Capsaicin is believed to work through interference with transmission of pain signals through nerves. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. She has localized neck and upper trapezius pain which may be amenable to topical treatment. There is a history of oral medication intolerance. Capsaicin was appropriate and is medically necessary.