

Case Number:	CM15-0137892		
Date Assigned:	07/28/2015	Date of Injury:	04/28/2005
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female, who sustained an industrial injury on 4/28/05. She reported immediate pain in neck, low back and right knee following a fall. The injured worker was diagnosed as having degeneration of lumbar disc disease, cervical disc degeneration and pin in joint of lower leg. Treatment to date has included physical therapy, massage therapy, chiropractic treatment, bracing, transcutaneous electrical nerve stimulation (TENS) unit, aqua therapy, activity restrictions, oral medications including Flexeril and Norco. Currently on 5/13/15, the injured worker complains of continued low back pain with radiation to bilateral lower extremities, a deep ache in the lateral aspect of left leg that extends to left knee and bilateral knee pain. Objective findings noted on 5/13/15 revealed morbid obesity, antalgic gait and otherwise unremarkable exam. The treatment plan included requests for Flexeril 10mg #60, Ibuprofen 800mg #60, Norco 10-325mg #30 and Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #2, as prescribed on 5/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section, Topical Analgesics Section Page(s): 28, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. In this case, it is not evident that the injured worker is intolerant to other agents. Additionally, there is no evidence of objective documentation of pain relief and specific increase in function with the use of this topical medication. The request for Capsaicin 0.075% cream #2, as prescribed on 5/13/15 is determined to not be medically necessary.

Ibuprofen 800mg #60, as prescribed on 5/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no objective evidence of pain relief or documentation of specific increases in function. The request for Ibuprofen 800mg #60, as prescribed on 5/13/15 is determined to not be medically necessary.