

Case Number:	CM15-0143656		
Date Assigned:	08/04/2015	Date of Injury:	02/22/2010
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/24/2015

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 51-year-old male, who sustained an industrial injury on 2-22-10. Initial complaints were of neck and low back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included chiropractic therapy; physical therapy; medications. Diagnostics studies included MRI lumbar spine (2-28-15); X-rays lumbar spine (2-25-15). Currently, the PR-2 notes dated 5-14-15 indicated the injured worker complains of chronic back pain and neck pain. He reports pain levels of 7-8 over 10. He continues to report that sitting for prolonged periods, standing or walking aggravates his pain. He uses a single point cane to help his ambulation. He reports that bending repeatedly aggravates his pain. He reports using a Pepper cream in the past that helped to alleviate some of his pain locally. He continues home exercise program and is not working at this time. He wishes to stay with conservative treatment, but if his pain continues to worsen, he would consider surgery in the future. A MRI lumbar spine dated 2-28-15 impression reveals L4-5 mild disc degeneration with broad central 1-2mm disc protrusion, greater on the right with slight inferior disc extrusion notes with mild central stenosis (30%), moderate right and mild left foraminal narrowing. The L3-4 level shows mild congenital central canal stenosis (30%) due to short pedicles. Spinal level L5-S1 reveals mild left facet arthropathy and foraminal narrowing. There is congenitally small spinal canal contributing to stenosis mentioned. X-rays of the lumbar spine completed on 2-25-15 impression reveal minimal multilevel degenerative changes and posterior L5-S1 disc desiccation. The provider documents that lumbar epidural

steroid injections were requested but denied on appeal. The provider is requesting authorization of Capsaicin cream 0.075% Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.075% Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for chronic low back and neck pain. When seen, pain was rated at 7-8/10. Prior medications had included topical cream with partial alleviation of local pain symptoms. He was continuing to perform a home exercise program. Physical examination findings included an antalgic gait. 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. The medication referenced by the claimant as having helped before is what is being requested. He has localized neck and low back pain amenable to topical treatment. Capsaicin was medically necessary.