

Case Number:	CM15-0169245		
Date Assigned:	09/09/2015	Date of Injury:	08/06/2003
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 49 year old female, who sustained an industrial injury on August 6, 2003. She reported a slip and fall injury. The injured worker was currently diagnosed as having lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy and chronic pain. Treatment to date has included diagnostic studies, injection, exercise, transcutaneous electrical nerve stimulation unit with benefit, acupuncture with benefit and medication. A prior transforaminal epidural steroid injection provided 50-80% overall improvement. On July 28, 2015, the injured worker complained of neck pain with radiation down the right upper extremity, low back pain with radiation down the bilateral lower extremities, lower extremity pain and occipital headaches. The pain was rated as a 6 on a 1-10 pain scale with medications and a 9 on the pain scale without medications. Her pain was reported as worsened since her last exam visit. The treatment plan included home exercises, medication, acupuncture and a follow-up visit. On August 14, 2015, utilization review denied a request for Capsaicin 0.025% cream quantity of sixty and Tylenol #3 300-30mg quantity of ninety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Capsaicin. MTUS guidelines state the following: Recommended only as an option in patients who have not responded or are intolerant to other first line medications. The patient does not currently meet this guideline. According to the clinical documentation provided and current MTUS guidelines, Capsaicin is not medically necessary for the patient at this time.

Tylenol #3 300/30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, page(s) 75-79. MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines, Tylenol #3, as written above, is not medically necessary for the patient at this time.