

Case Number:	CM15-0169521		
Date Assigned:	09/10/2015	Date of Injury:	05/23/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 30 year old male who sustained an industrial injury on 05-23-2014 when he was struck on the back by a pipe. The injured worker was diagnosed with L1 compression fracture. No surgical interventions were documented. According to the treating physician's progress report on July 8, 2015, the injured worker reported 100% improvement in back pain since the last office visit rated at 1 out of 10 on the pain scale and described as achy. There was no radiating pain to the lower extremities. The injured worker is stretching, walking, continuing with home exercise program and uses a lumbar corset when active. The injured worker reported a little pain with running or sitting for prolonged periods. The injured worker is currently working with restrictions and would like to return full duty without restrictions. Examination demonstrated a normal gait with full range of motion and a non-tender spine. Sensory, motor and deep tendon reflexes were intact. Straight leg raise, Lasegue's and L'Hermitte's testing was negative. Prior treatments documented to date have included physical therapy (8 sessions), 14 sessions ongoing acupuncture therapy, 4 sessions ongoing chiropractic therapy and pain medications. Currently the injured worker is on capsaicin cream. Treatment plan consists of a trial of full work duty and follow-up in 3 months. On July 8, 2015 the provider requested authorization for lumbar spine X-rays and Capsaicin cream. The Utilization Review determined the request for X-rays of the lumbar spine, two views and Capsaicin cream #1 with 2 refills was not medically necessary on 08-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream #1 with 2 refills: 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): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

X-rays, Lumbar spine, 2 views, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on low back pain states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The patient does not have evidence of red flags or serious spinal pathology on exam and the request is thus not medically necessary.