

Case Number:	CM15-0186605		
Date Assigned:	09/28/2015	Date of Injury:	07/18/1997
Decision Date:	11/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/22/2015

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 56 year old female, who sustained an industrial injury on July 18, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago, unspecified myalgia and myositis and long term use of medication. Treatment to date has included medication and chiropractic treatment. Chiropractic therapy was noted to be beneficial. On June 8, 2015, the injured worker complained of sleep disturbance due to back pain. She reported back pain, cramps, limb pain, myalgias and chronic pain. Notes stated that her Trazodone medication continues to be beneficial. The treatment plan included pain management counseling, a follow-up visit, Trazodone, Cymbalta and Capsaicin Cream. On September 22, 2015, utilization review denied a request for one prescription for Capsaicin 0.075% cream #1 with 2 refills. A request for Cymbalta 60mg #60 with 2 refills and Trazodone 50mg #30 with 2 refills was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Capsaicin 0.075% 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): Capsaicin, topical.

Decision rationale: The California MTUS section on the requested medication states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. There is no documented failure or intolerance to first line treatment options for low back pain. Therefore the request is not medically necessary.