

Case Number:	CM15-0193081		
Date Assigned:	10/07/2015	Date of Injury:	06/02/2004
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on 6-2-04. The documentation on 9-4-15 noted that the injured worker has complaints of low back and right hip pain. The low back pain has radiculopathy more so in the right leg associated with numbness and tingling. The injured worker rates his pain a 4 to 5 on a scale from 0 to 10. Myofascial examination shows tenderness over the lumbar paraspinal muscle and gluteus. Vertebral examination shows tenderness on palpation over L3-4, L4-5 and L5-S1 (sacroiliac). The injured worker has about 60 to 70 percent lumbar range of motion in all directions with moderate muscular spasms and guarding and he continues to have intact motor and sensory examination of his bilateral lower extremities. The diagnoses have included displacement of intervertebral disc, site unspecified, without myelopathy. Treatment to date has included right hip surgery; lumbar fusion at L4-5 on 2-24-15; norco provides him adequate relief of his symptoms and also keeps him functional and topical compound cream. The documentation on 8-3-15 noted that the injured worker was prescribed for percocet and that they would wean off to norco instead. The original utilization review (9-10-15) non-certified the request for capsaicin cream 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 240 gm: 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: Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are 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. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medication as the patient is prescribed Norco. The Capsaicin cream 240 gm is not medically necessary and appropriate.