

Case Number:	CM15-0194737		
Date Assigned:	10/08/2015	Date of Injury:	10/30/2012
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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 59 year old male, who sustained an industrial injury on 10-30-12. The injured worker was diagnosed as being status post right shoulder arthroscopic subacromial decompression and rotator cuff repair on 7-25-14 and neurologic changes status post-surgery rule out early sympathetically maintained pain syndrome or brachia plexus neuropathy. Treatment to date has included at least 8 physical therapy sessions, a home exercise program, and medication including Hydrocodone, Tramadol, Naproxen, and Cyclobenzaprine. On 9-1-15 the treating physician noted "medication at current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming, and cooking." Physical examination findings on 9-1-15 included tenderness of the right shoulder with flexion to 90 degrees and abduction to 80 degrees. Left shoulder flexion to 110 degrees and abduction to 100 degrees was noted. On 9-1-15, the injured worker complained of bilateral shoulder pain. The treating physician requested authorization for Capsaicin 0.025% 180g #1. On 9-1-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% 180 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: According to the guidelines, Capsain is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant did have pain score reduction while on opioids, NSAIDS and muscle relaxants. There is no indication of failure of these medications. The request for topical Capsacin is not medically necessary.