

Case Number:	CM15-0195588		
Date Assigned:	10/09/2015	Date of Injury:	09/09/2011
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
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: 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 57 year old male who sustained an industrial injury on September 09, 2011. A primary treating office visit dated July 28, 2015 reported subjective complaint of "worse than last visit." Low back pain increased. He is also with complaint of: sleep disturbance, anxiety, stress and depression. The following diagnoses were applied to this visit: lumbar spine strain and sprain with radiculitis L2 secondary to disc herniation; right shoulder strain and sprain, tendonitis; status post right wrist, and right hip osteoarthritis. The following medications were prescribed this visit: Norco, Naproxen. There is recommendation for pain management consultation. On September 21, 2015 at initial pain management evaluation reported subjective complaint of low back pain, constant radiating down the right lower extremity. The patient reports moderate difficulty in sleep, and positive for bowel dysfunction, diarrhea. Previous treatment to include: activity modification, medication, acupuncture, physical therapy, and lumbar epidural injection which offered 50% pain relief over 4-5 month duration. The following diagnoses were applied to this visit: chronic pain, other; lumbar radiculitis; right shoulder pain; right wrist pain; osteoarthritis of right hip. There is note of: Capsaicin ointment "very helpful in the past in limiting Opioid usage." The following were prescribed this visit: Capsaicin 0.0025% topical cream, Naproxen, and Norco. On September 28, 2015 a request was made for Capsaicin 0.0025% ointment that was noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Cream # 60.00: 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: 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). Submitted reports have not demonstrated indication for Capsaicin without failed conservative treatment or intolerance to oral medications. Additionally, it was noted Capsaicin reduced the need for opioids use yet the patient continues to be prescribed Norco at last visit without demonstrated functional improvement for this chronic 2011 injury. The Capsaicin 0.025% Cream # 60.00 is not medically necessary and appropriate.