

Case Number:	CM15-0199421		
Date Assigned:	10/14/2015	Date of Injury:	10/01/2011
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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:

This is a 45 year old female who sustained a work-related injury on 10-1-11. Medical record documentation on 9-24-15 revealed the injured worker was being treated for chronic low back pain with facet hypertrophy. She reported that Lyrica 75 mg had greatly reduced her neuralgia by greater than 50%. The numbness and tingling in her foot had decreased significantly and her sleep had increased with her increased dose of Lyrica. She reported that Meloxicam 7.5 mg twice a day had reduced the severity of her pain by greater than 50%. Her knee had decreased as a consequence of her current medications. Norco 10-325 had continued to reduce the severity of her pain and Tramadol would be prescribed to further reduce her knee pain at night. Her activities of daily living continued to be limited by the severity of her pain. Objective findings included an antalgic gait with use of cane. She had trigger points with hyperirritable foci located in the palpable taut bands in the lumbar paraspinal muscles, which produced local twitch responses in response to compression and referred pain to the lumbar spine. Facet related pain increased extension and right L5-S1 region tenderness to deep pressure persisted. Her lumbar range of motion included T12 flexion to 40 degrees, sacral hip flexion and true lumbar flexion to 20 degrees, T12 extension to 16 degrees, true lumbar extension to 16 degrees, bilateral T12 lateral bending to 30 degrees and bilateral lateral bending to 30 degrees. She had bilateral straight leg raise at 50 degrees. She had bilateral sacroiliac joint tenderness and tenderness at the right piriformis muscle. The evaluating physician noted that Capsaicin would be added to her medication regimen to reduce the neuralgia in her back. A request for Capsaicin .025% 120 units were received on 9-30-15. On 10-6-15, the Utilization Review physician determined Capsaicin .025% 120 units was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025% 120 units: 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, Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including capsaicin. Topical analgesics are considered as 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. 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. Regarding the use of capsaicin, these MTUS guidelines state the following: Recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the records do not provide sufficient evidence that this topical analgesic is being used to treat neuropathic pain. The medical records do not provide a specific diagnosis consistent with neuropathic pain. The physical examination documented in the medical records shows no evidence of a neuropathy including a dermatomal distribution of pain. Finally, there is insufficient evidence that the patient is intolerant to the prescribed treatments. For these reasons, capsaicin is not medically necessary.