

Case Number:	CM15-0199462		
Date Assigned:	10/14/2015	Date of Injury:	09/23/2013
Decision Date:	12/07/2015	UR Denial Date:	09/11/2015
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: Texas, 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 48 year old female, who sustained an industrial injury on 09-23-2013. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement without myelopathy and sciatica. Subjective complaints (07-08-2015, 08-05-2015, 09-01-2015) include low back pain with radiation to the left lower extremity. Gabapentin was noted to quiet pain enough so that the injured worker could sleep but she could not use it during the day due to sedation and Ibuprofen was noted to help with pain. Naproxen was discontinued on 07-08-2015 due to reports of itching and heartburn. Objective findings (07-08-2015, 08-05-2015, 09-01-2015) include an antalgic gait, decreased sensation in the left L5 dermatome, positive straight leg raise around 30 degrees, weakness in regard to EHL function, dorsiflexion and plantar flexion on the left and positive straight leg raise on the left. Treatment has included Gabapentin, Ibuprofen, Naproxen, Relafen, Advil, AFO brace, physical therapy and lumbar epidural steroid injection. The physician noted that Capsaicin cream was being given for topical use on the ankle to help with pain and that she could also use it for the low back. The physician noted the work status was unable to be determined "absent receipt and review of the medical records." The patient had received an unspecified number of the PT visits for this injury. Patient had received LUMBAR ESI FOR THIS INJURY. The patient had used a cane for this injury and history of falls. Per the note dated 10/8/15 the patient had complaints of low back pain with radiation in lower extremity at 8/10. The patient had foot drop and weakness in left foot and drags her foot on walking. Physical examination of the lumbar spine revealed positive SLR,

decreased sensation in lower extremity and weakness. The patient had EMG on 5/15/15 that revealed lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.75% cream: Overturned

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

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

Decision rationale: Capsaicin 0.75% cream. As per the cited guideline "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." The patient had diagnoses of lumbar disc displacement without myelopathy and sciatica. Subjective complaints (07-08-2015, 08-05-2015, 09-01-2015) include low back pain with radiation to the left lower extremity. She could not use Gabapentin during the day due to sedation. Naproxen was discontinued on 07-08-2015 due to reports of itching and heartburn. The patient had used a cane for this injury and history of falls. Per the note dated 10/8/15 the patient had complaints of low back pain with radiation in lower extremity at 8/10. The patient had foot drop and weakness in left foot and drags her foot on walking. Physical examination of the lumbar spine revealed positive SLR, decreased sensation in lower extremity and weakness. The patient had EMG on 5/15/15 that revealed lumbar radiculopathy. Therefore the patient had evidence of significant objective findings including neuropathic pain. There is evidence that the patient has not responded or is intolerant to other treatments. The patient was unable to take the anticonvulsant gabapentin in the day due to sedation, so there is a history of lack of tolerance to anticonvulsants. The patient also did not tolerate the NSAID naproxen. The request for Capsaicin 0.75% cream is medically appropriate and necessary in this patient at this time.