

Case Number:	CM15-0199686		
Date Assigned:	10/15/2015	Date of Injury:	01/26/2014
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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 37-year-old female, with a reported date of injury of 01-26-2014. The diagnoses include cervical sprain and strain with residual myofascial pain, lumbar intervertebral disc disorder, with annular fissure at L5, sacrococcygeal pain, bilateral L5 and S1 lumbosacral radiculopathy, and lumbar disc displacement. Treatments and evaluation to date have included Tramadol, Norco, Flexeril, interlaminar epidural steroid injections on 07-21-2015, physical therapy, and Norflex. The diagnostic studies to date have included electrodiagnostic studies of the bilateral lower extremities and lumbosacral paraspinal muscles on 03-05-2015, which showed lumbosacral radiculopathy; and a urine drug test on 06-05-2015 with negative findings. The medical report dated 09-04-2015 indicates that the injured worker returned for follow-up of low back pain due to lumbar disc displacement and sacroiliac sprain. She reported some improvement in her pain level following an epidural steroid injection; however, she still had pain while sitting. It was noted that the injured worker stated that she did not want to take pills if possible. The injured worker underwent an MRI of the lumbar spine on 04-21-2014, which showed minimal annular bulge and possible small subligamentous herniated disc at level L4-5, small posterior midline herniated disc at L5-S1, small synovial cyst adjacent to the left L3-4 facet, and desiccation of L4-5 and L5-S1 discs. The objective findings include a normal gait; and normal muscle tone without atrophy in the bilateral lower extremities. The treating physician prescribed a trial of Capsaicin 0.075% cream for local relief of low back and hip pain and Diclofenac sodium 1.5% 60 grams for pain and inflammation. It was noted that the injured worker was not permanent and stationary. The treating physician requested Capsaicin 0.075% cream and Diclofenac sodium 1.5% 60 grams. On 09-15-2015, Utilization Review (UR) non-certified the request for Capsaicin 0.075% cream and Diclofenac sodium 1.5% 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Capsaicin 0.075 cream Apply to affected areas three times a day (DOS 9/4/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Capsaicin are recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. Capsaicin should only be used when other options have not provided benefit. In this case, the claimant was on topical Diclofenac as well. There were no other oral analgesics provided at the time to indicate lack of efficacy. Multiple topicals are not indicated and the dose of Capsaicin as prescribed is not medically necessary.

Retrospective request: Diclofenac sodium 1.5 60gm apply to affected area three times a day (DOS 9/4/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Diclofenac is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The topical Diclofenac is not medically necessary.