

Case Number:	CM15-0201732		
Date Assigned:	10/16/2015	Date of Injury:	03/08/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented 52-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 8, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for capsaicin-containing topical cream. The claims administrator referenced a September 24, 2015 office visit in its determination. On October 5, 2015, the applicant reported ongoing complaints of neck and shoulder pain status post earlier cervical and shoulder surgery. The attending provider acknowledged that the applicant was using oral gabapentin and topical capsaicin. The attending provider suggested that the applicant was working at this point. Authorization for a cervical epidural injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.75% cream 60gm, Qty: 1.00: 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: No, the request for a topical capsaicin cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line option, for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's concomitant usage of a first-line oral pharmaceutical, gabapentin, effectively obviated the need for the capsaicin cream in question. Therefore, the request was not medically necessary.