MAXIMUS Federal Services

Case Number:	CM15-0207900		
Date Assigned:	10/26/2015	Date of Injury:	06/07/2004
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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, Florida, 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:

This is a 41 year old female with a date of injury on 6-7-04. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain. Progress report dated 9-15-15 reports continued complaints of right shoulder pain. The pain is described as constant, dull, sharp, achy, burning, throbbing, shooting, stabbing, pulsing, stinging, sore, tender, piercing, and tight. The pain is rated 7 out of 10 and radiates with numbness and tingling. Objective findings: right shoulder weakness and symptoms are not resolved. Treatment plan: infrared, electro acupuncture and Capsaicin patch. Treatments include: medication, chiropractic, acupuncture and TENS unit. According to the medical records, she has been using Capsaicin cream since at least 4-7-15. Request for authorization was made for Capsaicin patch. Utilization review dated 10-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patch: 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 the MTUS, forms of topical Capsaicin are recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. The agent has moderate to poor efficacy. In this case, there is no mention of intolerance to oral agents. Further, the medicine is available over the counter, so special prescription formulations would be unnecessary. Capsaicin cream had been used since at least April. Objective functional improvement is not documented. The request is not medically necessary.