

Case Number:	CM15-0208786		
Date Assigned:	10/27/2015	Date of Injury:	01/10/2002
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 1-10-02. The injured worker was being treated for status post lumbar fusion, increasing low back pain and stenosis of L3-4. On 8-27-15, the injured worker complains of increased low back pain, numbness in right leg and pain in left side of back with turning; medications decrease his pain by 50% and increase his level of function. Physical exam performed on 8-27-15 revealed healed surgical incision, painful and limited range of motion of lumbar spine, right leg sciatica with decreased sensation, positive straight leg raise bilaterally and slight motor weakness is noted bilaterally. MRI of lumbar spine performed on 6-18-15 revealed previous fusion at L4-5 and L5-S1, L2-3, L3-4 and L4-5 disc protrusion and L5-S1 posterior disc bulge. Treatment to date has included lumbar fusion, physical therapy, home exercise program, oral medications including Anaprox, Norco, Klonopin, topicals, Neurontin and activity modification. On 10-9-15 request for authorization was submitted for Norco, Klonopin, Neurontin, Anaprox, lumbar epidural steroid injections, Capsaicin cream and 1 trigger point injection. The treatment plan included request for Capsaicin cream, lumbar epidural steroid injection and trigger point injection. On 10-16-15 request for Capsaicin cream and trigger point injection of left lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Capsaicin cream: Upheld

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

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

Decision rationale: Guidelines support topical Capsaicin 0.025% formulation in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses; however, diagnostic criteria is not met in this case. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and extremity pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic January 2002 injury without documented functional improvement from treatment already rendered. The Unknown prescription of Capsaicin cream is not medically necessary and appropriate.

1 Trigger point injection to the left lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. Guidelines do not recommend repeating the trigger point injections unless there is noted 50% pain relief for duration of at least 6 weeks with documented functional improvement. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and clinical findings which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 1 Trigger point injection to the left lumbar spine is not medically necessary and appropriate.

