MAXIMUS Federal Services

Case Number:	CM15-0024683		
Date Assigned:	02/17/2015	Date of Injury:	01/28/2014
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: Ohio, North Carolina, Virginia
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 54 year old female, who sustained an industrial injury on 1/28/14. She has reported pain in the neck, low back and right shoulder. The diagnoses have included cervical sprain, right shoulder sprain, right elbow epicondylitis and lumbar sprain. Treatment to date has included acupuncture x 4 sessions, chiropractic treatment x 6 sessions, MRI of the cervical spine and oral medications. As of the PR2 dated 1/14/15, the injured worker reports pain relief with the prescribed medications and treatments. The treating physician noted tenderness over the cervical and lumbar spine. The treating physician requested to continue Capsaicin cream 0.025%.On 1/20/15 Utilization Review non-certified a request for Capsaicin cream 0.025%. The utilization review physician cited the MTUS guidelines for topical analgesics. On 2/5/15, the injured worker submitted an application for IMR for review of Capsaicin cream 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.025% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: 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. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this instance, the submitted medical record does not sufficiently clarify the intended application site(s) for the capsaicin. It was to be applied to 'affected body parts'. Hence, it is not clear if the intention for use is for musculoskeletal or neuropathic pain. That being said, the submitted medical record does not state that conventional medical treatment has been tried and has failed, anti-convulsants and/or anti-depressants for neuropathic pain, and NSAIDS for inflammatory or musculoskeletal pain. Consequently, the medical necessity for Capsaicin Cream 0.025% #1 is not established in this instance.