

Case Number:	CM15-0029374		
Date Assigned:	02/23/2015	Date of Injury:	03/07/2000
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 3/7/00. The injured worker has complaints of neck pain that radiates into left/right occipital regions. He has noted decreased dysesthesias going down his arms has noted improvement in his functional capabilities but states he still feels fairly limited in his advanced activities of daily living secondary to pain. He required approximately 2 Norco a day to control his pain. The diagnoses have included cervical radiculopathy; cervical facet arthropathy and cervical myofascial strain. Treatment to date has included trigger point injections with moderate relief; acupuncture with temporary relief; 2 rhizotomy's between C4-C7, which provided 6 months of significant relief; 2 epidural injections with minimal benefits and medications. C-spine X-rays show C5-C6 disc space narrowing; C3 retrolisthesis and spondylosis. According to the utilization review performed on 2/13/15, the requested Zostrix Neuropathy Cream (capsacin cream) 0.25% has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 78, pages 111-113 were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zostrix Neuropathy Cream (capsacin cream) 0.25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Zostrix Neuropathy Cream (capsaicin cream) 0.25% is not medically necessary.