

Case Number:	CM15-0212510		
Date Assigned:	11/02/2015	Date of Injury:	07/18/1997
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on July 18, 1997. She reported injury to her right shoulder and lumbar area. The injured worker was currently diagnosed as having lumbago, unspecified myalgia and myositis and long-term use of medication. Treatment to date has included medication, acupuncture with benefit, injections without benefit, physical therapy without benefit and chiropractic treatment without benefit. On March 9, 2015, the injured worker reported a flare of low back pain. Capsaicin cream was noted to help and a refill was requested. On July 20, 2015, the injured worker complained of back pain, cramps, limb pain and myalgias. She also complained of sleep disturbance due to back pain. She reported being able to do light work around the house. The colder weather was noted to worsen her back pain. On the day of exam, the current medication regimen included Trazodone, Cymbalta and Capsaicin cream. Physical examination of the lumbar spine revealed tenderness, spasm and tight muscle bands bilaterally. Straight leg raising test was positive on the right side in sitting at 70 degrees. Range of motion of the lumbar spine was noted to be restricted. The treatment plan included cognitive behavioral therapy, medication and a follow-up visit. On October 28, 2015, utilization review denied a request for Capsaicin 0.025% cream #1 with 2 refills. A request for Cymbalta 60mg #60 with 2 refills and Trazodone 50mg #30 with 2 refills was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream #1 with 2 refills: 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: According to the MTUS, Capsaicin topical is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in injured workers 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 injured workers whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004) The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for OA pain. (Altman, 1994) Mechanism of action: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. (Maroon, 2006). According to the documents available for review, there is no specific indication that the injured worker has not responded to the current oral regimen or is intolerance to current oral regimen. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.