

Case Number:	CM15-0223905		
Date Assigned:	11/20/2015	Date of Injury:	08/16/2005
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/13/2015

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, California
 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:

This is a 54 year old male patient, who sustained an industrial injury on 8-16-05. He sustained the injury due to a fall off a truck. The diagnoses include lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbago. Per the Notes dated 8-4-15, 9-3-15 and 10-8-15, the patient presented with complaints of low back pain, bilateral legs (left greater than right) and bilateral ankle and feet (right is severe) pain described as aching, burning, pins and needles and numbness. His pain was rated at 9-10 out of 10. He reported he was able to sit for 20 minutes and stand for 10-15 minutes and walk 10-15 feet. He reported sleep disturbance, averaging 1-2 hours. Physical examination dated 8-4-15, 9-3-15 and 10-8-15 revealed an altered gait, the lumbar spine flexion and extension less than 5 degrees with apprehension noted (he does not allow palpation) and unable to do manual muscle testing for the bilateral lower extremities due to pain; positive straight leg raising, bilaterally, at 60 degrees. The medications list includes Percocet reduces his pain by 50% and improves his ability to walk, Prilosec, Flexeril reduces his muscle spasms and allows him to sleep, Capsaicin cream (6-2015) provides pain relief and Colace. He has failed SCS trial on 1/30/2013. He has undergone lumbar spine surgery on 10/11/2007. His medication regimen reduces his pain from 9 to 6-7 out of 10. The patient uses a cane for stability and had a lumbar laminectomy which provided temporary relief. Per note dated 8-4-15 the patient experienced therapeutic failure with massage therapy, ice therapy, TENS unit, traction and chiropractic, acupuncture and physical therapies. He did experience pain relief with heat therapy. Diagnostic studies include lumbar MRI and lower extremities electrodiagnostic studies. The patient is not currently working. He had UDS on 6/30/15 which was positive for oxycodone. A request for authorization for Capsaicin cream is non-certified, per Utilization Review letter dated 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)". (Argoff, 2006) There is little to no research to support the use of many of these agents". Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The request for Capsaicin cream is not medically necessary or fully established for this patient.