MAXIMUS Federal Services

Case Number:	CM15-0031231		
Date Assigned:	02/24/2015	Date of Injury:	04/26/2013
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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, New York, 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 applicant is a represented [redacted]) beneficiary who has filed a claim for bilateral upper extremity, hand, wrist, and shoulder pain reportedly associated with cumulative trauma at work first claimed on April 26, 2013. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for a capsaicin-containing cream. The applicant's attorney subsequently appealed. On January 9, 2015 progress note, the applicant reported ongoing complaint of wrist, hand, neck, and shoulder pain. The applicant was given various medication refills, including Norco and the capsaicin-containing cream at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.025% Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the capsaicin-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's ongoing usage of Norco, a first-line oral pharmaceutical, effectively obviated the need for the capsaicin- containing compound at issue. Therefore, the request was not medically necessary.