

Case Number:	CM15-0038233		
Date Assigned:	03/06/2015	Date of Injury:	09/30/2000
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 74 year old male, who sustained a work related injury on 9/30/00. The diagnoses have included lumbar disc displacement without myelopathy, pain in left shoulder due to surgery, neck pain and cervical myelopathy requiring surgery. Treatments to date have included physical therapy with much benefit, EMG/NCS both legs dated 7/7/14, MRI lumbar spine dated 12/11/01, 10/1/08 and 7/12/10, EMG of both arms dated 6/17/08 and medications including Capsaicin cream and Lidoderm patches. In the PR-2 dated 2/12/15, the injured worker complains of continued pain in lower back and left shoulder. The pain is made worse by prolonged standing and walking. He is having problems with balance. He states that physical therapy has been helping with improvement of activity function and the ability to do activities of daily living more easily. He has occasional pain in left fingers. He states the Capsaicin cream applied to lower back and left shoulder gives him approximately 20% reduction in pain. The request for Independent Medical Review is for renewal of Capsaicin cream. On 2/12/15, Utilization Review non-certified a request for Capsaicin 0.075% 60gm., #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075 percent 60gm, Apply to affected area TID Pepper Cream #2: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, Capsaicin cream is not medically necessary.