

Case Number:	CM15-0040677		
Date Assigned:	03/10/2015	Date of Injury:	08/27/2012
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 44-year-old male with a reported date of injury of 08/27/2012. The diagnoses include lumbar radiculopathy and multiple sclerosis. Treatments to date have included oral medications. The progress report dated 01/26/2015 indicates that the injured worker had a flare-up of this back pain. He wasn't provided with medications, which worsened his pain. The physical examination showed spasm in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, reduced sensation in the bilateral feet, decreased lumbar range of motion, and positive bilateral sitting straight leg raise test. The treating physician requested Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Capsaicin 0.025% cream refills 2: 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 Topical analgesic; Capsaicin Page(s): 111-113, 29.

Decision rationale: The patient presents with lower and mid back pain. The request is for MED CAPSAICIN 0.025% CREAM REFILLS 2. The request for authorization is not provided. EMG/NCS of the bilateral upper extremity is normal. MRI of the T-spine is reviewed with the patient, it is not provided for review. He continues to undergo physical therapy. Patient is doing some home therapy to strengthen his core and reduce his pain. The patient bought an inversion table, which helps his pain. Patient's medications include Ketoprofen, Omeprazole, Orphenadrine and Capsaicin cream. The patient is permanently totally disabled. MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS, pg 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Treater does not specifically discuss this medication. The patient is prescribed Capsaicin since at least 09/17/14. In this case, MTUS recommends Capsaicin for chronic non-specific back pain, which this patient presents with. However, the treater does not discuss how Capsaicin is being used and with what efficacy. MTUS page 60 requires recording of pain and function when medication is used for chronic pain. Per progress report dated, 01/26/15, treater's only discussion on Capsaicin states, "Apply to affected area twice a day." Given the lack of specific discussion regarding Capsaicin, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request IS NOT medically necessary.