

Case Number:	CM15-0041449		
Date Assigned:	03/11/2015	Date of Injury:	02/19/2001
Decision Date:	04/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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:

The injured worker is a 55 year old male, who sustained an industrial injury on February 19, 2001. He has reported neck pain, back pain, shoulder pain wrist and hand pain, hp pain, leg pain, ankle pain, and headache. Diagnoses have included chronic pain, neck sprain, cervical spine radiculopathy, lumbar spine radiculopathy, lumbar spine facet arthropathy, and insomnia. Treatment to date has included medications, acupuncture, spinal fusion, radio frequency rhizotomy, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of neck pain, thoracic spine pain, lower back pain, bilateral wrist and hand pain, bilateral shoulder and clavicle pain, left leg pain, right ankle pain, bilateral hip pain, headache, and insomnia. The treating physician documented a plan of care that included home exercise, additional acupuncture, epidural steroid injection, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.25% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin/Topical Page(s): 26.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical capsaicin as a treatment modality. These guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. In this case, the records suggest that topical capsaicin is being used as a treatment for chronic non-specific back pain. However, there is insufficient evidence that the patient has failed to respond to or is intolerant of standard first-line therapies. Further, it is noted in the record that the patient has been using topical capsaicin since 7/2014 without apparent success. For these two reasons, topical capsaicin is not considered as medically necessary.