

Case Number:	CM15-0043230		
Date Assigned:	03/13/2015	Date of Injury:	02/13/2012
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old female, with a reported date of injury of 02/13/2012. The diagnoses include herniated nucleus pulposus of the lumbar spine and facet arthropathy of the lumbar spine. Treatments to date have included Norco, Norflex, Naproxen, Prilosec, capsaicin cream, 24 sessions of chiropractic treatment, 8 sessions of acupuncture, one transforaminal epidural steroid injection, and one medial branch block. The progress report dated 01/21/2015 indicates that the injured worker symptoms continued to fluctuate, and at times her pain level was more severe. She reported aching and stabbing in the back and bilateral upper and lower extremities. It was noted that the capsaicin cream had decreased her neuropathic pain. She denied having any side effects to the medications. The neck and bilateral upper extremity pain was rated 8 out of 10. The low back and lower extremity pain was rated 6 out of 10. The objective findings included a normal gait, tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region with spasms; diminished sensation of the left L5 dermatome; and decreased lumbar range of motion. The treating physician requested CM4: Capsaicin 0.05%/Cyclobenzaprine 4% (no quantity) for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 - Capsaicin .05 Percent/Cyclobenzaprine 4 Percent: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, methyl salicylate, and capsaicin. There is no known efficacy of any other topical agents. Capsaicin may have an indication for chronic low back pain in this context. Per MTUS p 112
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. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for capsaicin/cyclobenzaprine is not medically necessary.