

Case Number:	CM15-0050053		
Date Assigned:	03/23/2015	Date of Injury:	12/12/1999
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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, 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 64-year-old, male, who sustained a work related injury on 12/12/99. The diagnoses have included cervical postlaminectomy syndrome and chronic pain. Treatments have included cervical spine surgery x 3 and medications. In the Visit Note dated 3/13/15, the injured worker complains of low back and neck pain. The treatment plan is to request authorization of medication refills for Capsaicin cream, Sween cream and Relafen. The note indicates that the patient has G.I. symptoms and needs to switch back to Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112-113 of 127.

Decision rationale: Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin cream is not medically necessary.

Sween cream #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.coloplast.us/sween-cream-en-us.aspx>.

Decision rationale: Regarding the request for Sween cream, California MTUS, ACOEM, and ODG do not contain criteria for this substance. A search of the Internet indicates that this is a moisturizing cream. There is no indication that the patient has a medical diagnosis for which moisturizing cream would be necessary. Additionally, there are no peer-reviewed scientific journals indicating that this particular brand of cream would be more effective than any alternative generic moisturizing cream. In the absence of clarity regarding those issues, the currently requested Sween cream is not medically necessary.

Nabumetone-Relafen 500mg #60: 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 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Relafan (nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, the patient is having GI upset requiring Protonix. As such, the currently requested Relafan (nabumetone) is not medically necessary.