

Case Number:	CM15-0057345		
Date Assigned:	04/02/2015	Date of Injury:	03/24/2013
Decision Date:	05/04/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/25/2015

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 42 year old female, who sustained an industrial injury on 03/24/2013. On provider visit dated the injured worker has reported worsening right shoulder symptoms and complains of psychological issue due to constant pain. On examination of the cervical spine she was noted to have paravertebral muscle tenderness and spasms with a restricted range of motion and a reduced sensation was noted. Shoulders were noted to have a positive impingement test bilaterally and a restricted range of motion and wrists sensation was reduced in the bilateral median nerve distribution Tinel's and Phalen's test are positive bilaterally. The diagnoses have included shoulder impingement, carpal tunnel syndrome, anxiety disorder and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included medication, which included Naproxen Sodium, Omeprazole, Capsaicin Cream, Carisoprodol and Tylenol with Codeine. The provider requested a refill for Capsaicin 0.025% cream apply 2 times daily #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream apply 2 times daily #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 29, 68-69, 111-113.

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): 111-113 of 127.

Decision rationale: Regarding the request for capsaicin cream, CA MTUS states that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, there is no indication that the patient has not responded to or is intolerant to other treatments, and it is noted that she is currently utilizing multiple pain medications. Given all of the above, the requested capsaicin cream is not medically necessary.