

Case Number:	CM15-0059014		
Date Assigned:	04/03/2015	Date of Injury:	01/23/2009
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46 year old female, who sustained an industrial injury on 1/23/2009. She reported a box of files fell onto the left shoulder and after surgery was diagnosed with adhesive capsulitis. Diagnoses include lumbar disc displacement without myelopathy, psychogenic pain, pain in shoulder joint, and chronic pain syndrome. She is status post right shoulder arthroscopy 1998 and right knee arthroscopic reconstruction 2001. Treatments to date include medication therapy, physical therapy, and steroid injections. Currently, she complained of low back pain with recent sacroiliac joint injections bilaterally. The right side injection was reported as successful in reducing pain symptoms. On 11/18/14, the physical examination documented tenderness over lumbar paraspinous and buttocks regions, and severe pain with right shoulder range of motion and tenderness with palpation. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream (Retrospective - DOS 11/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, the retrospective request of Capsaicin 0.075% cream is not medically necessary.