

Case Number:	CM15-0088525		
Date Assigned:	05/12/2015	Date of Injury:	09/19/2013
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained an industrial back injury on 09/19/2013. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, and conservative therapies. Currently, the injured worker reports no leg pain and intermittent back pain. The injured worker was only being treated with capsaicin cream for painful areas. Objective findings included tenderness to palpation over the T6-T7 spinous process region, tenderness to palpation at the lumbosacral junction with associated muscle tension, and tenderness to palpation over the lumbar facet joints. The diagnoses include lumbar disc displacement without myelopathy, degeneration thoracic disc, and psychogenic pain. The request for authorization included capsaicin cream 0.075% (Pepper cream) quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream; apply to affected area three times a day PEPPER CREAM Qty: 1.00: Upheld

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

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

Decision rationale: The request is for a topical compound that contains medication from the general pain reliever class. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for one unspecified unit of a compounded cream containing 0.075% capsaicin to be applied three times daily to the affected area is not medically necessary.