

Case Number:	CM15-0235227		
Date Assigned:	12/10/2015	Date of Injury:	03/31/2011
Decision Date:	01/14/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/02/2015

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: Preventive Medicine, Occupational 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 was a 52 year old female, who sustained an industrial injury on March 31, 2011. The injured worker was undergoing treatment for bilateral carpal tunnel syndrome, left and right lesion ulnar nerve, right and left elbow epicondylitis lateral, right and left epicondylitis medial, neck pain and cervicobrachial syndrome. According to progress note of October 8, 2015; the injured worker's chief complaint was neck and upper extremity pain. The injured worker reported numbness, tingling and pain throughout the arms and neck. The injured worker continued to complain of hand pain left greater than the right. The injured worker had difficulty with pinching and grasping activities. The injured worker was able to drive if there were not a lot of turns. The physical exam noted normal muscle tone of the upper and lower extremities. The upper extremity muscle strength was 5 out of 5. There was tenderness with palpation of the bilateral hands and wrists, the greatest at radial wrist and CMC joint (carpometacarpal joint) bilaterally. There was tenderness of the distal forearms. There was mild edema present at the CMC joints. The injured worker previously received the following treatments Diclofenac cream was beneficial for the neck and arm pain, Denderson cream, Terazosin cream, Ketamine cream was stopped due to increase in blood pressure, Gabapentin, Codeine, 2 sessions of hand therapy, right lateral epicondylar debridement in 2012, right carpal tunnel decompression in 2012 and cubital tunnel decompression in September of 2013. The UR (utilization review board) denied certification on November 10, 2015; for a prescription for Capsaicin 0.75% cream apply to affected areas 3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.75% cream SIG: apply to affected area 3 times a day (Pepper Cream), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request for Capsaicin 0.75% cream SIG: apply to affected area 3 times a day (Pepper Cream), QTY: 1 is not medically necessary.