

Case Number:	CM14-0143381		
Date Assigned:	09/10/2014	Date of Injury:	09/02/2008
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old male who reported an injury on 09/02/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic back pain, peripheral neuropathy, and lumbar radiculopathy. The previous treatments included medication and chiropractic care. In the clinical note dated 08/01/2014, it was reported the injured worker had low back pain and bilateral leg symptoms. He rated his pain at 5/10 to 6/10 in severity. He reported the pain radiated into the buttocks and to the knee. He complained of numbness and tingling in the right foot and toes. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the lumbar spine with spasms. Range of motion of the lumbar spine was flexion at 30 and extension at 15. The injured worker had diminished sensation of the bilateral L3-S1 dermatome. The provider requested Capsaicin/Cyclobenzaprine cream for pain. The Request for Authorization was submitted and dated 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.5% / Cyclobenzaprine 4% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Capsaicin 0.5% / Cyclobenzaprine 4% cream is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs (non-steroidal anti-inflammatory drugs) for osteoarthritis and tendonitis - in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term treatment (4 to 12 weeks). Capsaicin is only recommended as an option in patients who have not responded to or are intolerant of other treatments. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted also failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time, exceeding guideline recommendations. Therefore, the request is not medically necessary.