

Case Number:	CM14-0147243		
Date Assigned:	09/15/2014	Date of Injury:	01/31/1986
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 and Rehabilitation and is licensed to practice in California. 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 patient is a 60 year old male who was injured on 1/31/1986. The mechanism of injury is unknown. His medication history included Celebrex, Norco and Capsaicin cream. Progress report dated July 21, 2014 indicated the patient presented with complaints of severe pain in her back. Objective findings during examination revealed lumbar spine with mild diffuse degenerative disc diseases and small central L1, L2 and L4-L5 protrusion without stenosis and nerve root impingement which was found on MRI of the lumbar spine. The patient needs serious life style changes to gain some restorative ground for her spine and remainder of her body also she need some physical therapy to lower the level of pain and disability. There were no other objective findings noted. The patient was diagnosed with lumbar disk injury, lumbar spinal enthesopathy and was recommended capsaicin cream. Prior utilization review dated July 27 2014 indicated the request for capsaicin cream quantity #1 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream #1: 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 guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. Capsaicin is only recommended as an option in patients who are intolerant or have not responded to other treatments. Capsaicin is available as a 0.025%, 0.0375%, and 0.075% formulation. The clinical documents did not adequately discuss and show that the patient has not responded to prior treatments. The clinical documents did not discuss the patient's previous response to Capsaicin therapy and it is unclear how long the patient has been utilizing the cream. The formulation along with frequency of use and quantity to be dispensed were not included in the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.