

Case Number:	CM14-0149390		
Date Assigned:	09/18/2014	Date of Injury:	12/20/2011
Decision Date:	11/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Management 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 injured worker is a 32 year old male with a date of injury on 12/20/2011. As per the report of 7/2/14, he complained of lower back pain, which radiated to his right lower leg with numbness and tingling. On 8/13/14, he indicated that there was no significant improvement. The lumbar spine exam revealed paraspinal muscles tenderness, spasm, restricted range of motion, and reduced sensation in the right L5 dermatomal distribution. The straight leg raising test was positive on the right side. The right hip exam revealed tenderness to palpation in the greater trochanter, reduced hip range of motion in flexion and abduction. The lumbar spine magnetic resonance imaging dated 1/24/12 revealed multi-level degenerative disc disease with diffuse; degenerative end-plate changes; osteophyte formation with posterior bone spurring; degenerative facet hypertrophy; and left hemilaminectomy changes at the level of L4. At L2-3 there was a broad-based central disc protrusion. At L3-4 there was a broad-based central disc protrusion with hemilaminectomy changes. At L4-5 there was mild disc desiccation and facet hypertrophy with a broad-based posterolateral disc protrusion. As per the report dated 8/7/14, x-rays of the lumbar spine revealed evidence of laminectomies at two levels. He had right ankle, left ankle, and back surgery in the past. He underwent laminectomy with neural decompression at L4-5 on the right as well as discectomy and neural decompression at L4-5 and L3-4 on the right done on 8/22/13. His current medications include docusate sodium, Norco, naproxen sodium, and capsaicin 0.1% cream. His past treatments have included epidural injection, oral medications, and physical therapy with benefits. He had been on Norco since at least 4/2/14. Medrox ointment was denied on 5/18/14. His diagnoses include lumbar radiculopathy and cervicocranial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.1% cream, 2x a day x 2 refill: 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.

Decision rationale: According to the California Medical Treatment Utilization guidelines, topical analgesics are an option with specific indications. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are considered not medically necessary. Topical analgesics such as capsaicin are recommended only as an option in injured workers who have not responded or are intolerant to other treatments. 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 have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy and it should be considered not medically necessary in very high doses. The records do not document the above criteria are met. Therefore, the request is not medically necessary according to the guidelines.