

Case Number:	CM14-0167013		
Date Assigned:	10/14/2014	Date of Injury:	03/30/2009
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice and is licensed to practice in Ohio. 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 69-year-old male with a date of injury of 3-30-2009. He complains primarily of bilateral shoulder pain but also pain for the entire length of the back. He also complains of pain in the neck, groin, and intermittently the lower extremities. The injured worker had right shoulder surgery in 2011. The physical exam reveals tenderness to palpation of the paraspinal musculature of the lumbar spine, bilateral sacroiliac joints, and bilateral gluteal regions. There is diminished lumbar range of motion and a positive straight leg raise test bilaterally. There is tenderness to both shoulders with diminished range of motion bilaterally. The diagnoses include bilateral rotator cuff tears with subacromial bursitis and multilevel discogenic disease. The injured worker has had acupuncture and his pain is said to be improved with medication and therapy. The only medication that can be found in the record is hydrocodone. It appears that the injured worker has recently been referred to orthopedics for his shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Capsaicin Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Capsaicin and Qutenza (capsaicin) 8% patch

Decision rationale: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with pain receptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. On November 17, 2009, the FDA approved an 8% capsaicin dermal patch (Qutenza, made by Lohmann Therapie-Systems AD, marketed by NeurogesX, Inc) for the management of pain associated with postherpetic neuralgia. In this instance, there is documentation to support that the injured worker's pain is reduced with medication and therapy. The records do not indicate that the injured worker has tried and failed oral or topical anti-inflammatories, higher doses of opioids, higher doses of acetaminophen, etc. There is no indication from the record that the injured worker has contraindications to other conventional therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 Capsaicin Patch is not medically necessary.