

Case Number:	CM14-0182005		
Date Assigned:	11/06/2014	Date of Injury:	07/13/2011
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 65-year-old man who sustained a work-related injury on July 15, 2011. Subsequently, the patient developed chronic neck and back pain. According to a progress report dated on December 17, 2014, the patient was complaining of low back pain radiating to both lower extremities with right hip pain. The patient stated that his pain medications reduced his pain by 30%. The medications allow him to perform his activity of daily living at home. The patient MRI lumbar spine performed on September 6, 2011 demonstrated the facet degeneration nor foraminal stenosis and grade 1 anterolisthesis at L5-S1. EMG nerve conduction study demonstrated the chronic right L5 radiculopathy. The patient was treated with pain medications including topical analgesics, Anaprox, Norflex and ODHS daily at bedtime. In addition, the patient was previously treated with the chiropractic therapy, back brace, lumbar epidural injection and functional restoration program. The provider requested authorization for this topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for compounded capsaicin powder and versapro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of capsaicin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. The patient previously used topical analgesic without benefit. Based on the above, the use of compounded capsaicin powder and versapro cream is not medically necessary.