

Case Number:	CM14-0185988		
Date Assigned:	11/13/2014	Date of Injury:	01/18/2012
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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:

This 48 year-old patient sustained an injury to the lower back on 1/18/12 from moving a couch while employed by the [REDACTED]. Request(s) under consideration include Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14. Diagnoses include lumbosacral spondylosis; long-term medication use; and psychogenic pain. The report of 8/15/14 from the provider noted the patient with chronic ongoing symptoms; been compliant with medication. Current medication lists Ibuprofen, topical Capsaicin cream, and topical Diclofenac Sodium. Exam showed patient ambulating without assistance without distress and neurological intact. Conservative care has included medications, physical therapy, aquatic therapy, chiropractic treatment, and modified activities/rest. The request(s) for Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14 was non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, page 28-29; Topical Analgesics, pages 111-113, Largely experimental in use w.

Decision rationale: This 48 year-old patient sustained an injury to the lower back on 1/18/12 from moving a couch while employed by the [REDACTED]. Request(s) under consideration include Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14. Diagnoses include lumbosacral spondylosis; long-term medication use; and psychogenic pain. The report of 8/15/14 from the provider noted the patient with chronic ongoing symptoms; been compliant with medication. Current medication lists Ibuprofen, topical Capsaicin cream, and topical Diclofenac Sodium. Exam showed patient ambulating without assistance without distress and neurological intact. Conservative care has included medications, physical therapy, aquatic therapy, chiropractic treatment, and modified activities/rest. The request(s) for Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14 was non-certified on 10/3/14. Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, not demonstrated here. Formulations of Capsaicin are 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 0.075% formulation of capsaicin for chronic pain and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for Capsaicin with high dosing, failed conservative treatment or intolerance to oral medications. The Retrospective Capsaicin 0.075% (pepper cream) 60 gm compound DOS: 8/25/14 is not medically necessary and appropriate.