

Case Number:	CM14-0093958		
Date Assigned:	07/25/2014	Date of Injury:	06/15/1999
Decision Date:	09/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and 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 43-year-old male who reported an injury on 06/15/1999 due to falling off a roof while carrying hot tar and burning himself. The injured worker's diagnosis is pain in shoulder joint. Past treatment consisted of psychological therapy and medication therapy. Medications consist of capsaicin 0.075% cream, apply to affected area 3 times a day; Cialis 20 mg, 1 tablet as needed; Nabumetone-Relafen 500 mg, 1 tablet twice a day; Pantoprazole-Protonix 20 mg, 1 tablet daily; Buprenorphine 0.1 mg sublingual, 1 tablet twice a day; Venlafaxine HCL 37.5 mg, 2 tablets twice a day; Norco 4 times a day; Omeprazole; OxyContin 40 mg, twice a day; Sertraline; and Xanax 2 mg, 3 times a day. There were no pertinent diagnostics submitted for review. The injured worker has undergone 2 shoulder surgeries and an ulnar transposition. The injured worker complained of right arm and shoulder pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/11/2014 revealed that the injured worker had a normal gait. That was the only pertinent information documented in the submitted report for physical findings on the injured worker. The treatment plan is for the injured worker to continue Capsaicin 0.075% topical cream. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The request for Capsaicin 0.075% Cream is not medically necessary. The injured worker complained of right arm and shoulder pain. There were no measurable pain levels documented in the submitted report. The CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. The submitted request did not specify the dose, quantity, and frequency of the proposed medication. Furthermore, the submitted report did not indicate the efficacy of the medication or if the injured worker had benefits using the Capsaicin. Additionally, the submitted report lacked any pertinent subjective findings on the injured worker's shoulder. Also, the request as submitted did not indicate where the medication would be used. As such, the request for Capsaicin 0.075% cream is not medically necessary.