

Case Number:	CM15-0109205		
Date Assigned:	06/15/2015	Date of Injury:	12/09/2011
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of December 9, 2011. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for a capsaicin-containing cream. The claims administrator referenced a progress note dated April 21, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated June 16, 2015, the applicant reported ongoing issues with neck pain, shoulder pain, low back pain, and depression. Norco was endorsed. The applicant was placed off of work, on total temporary disability. The capsaicin-containing cream in question was apparently discontinued. Little-to-narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.025% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical. Decision based on Non-MTUS Citation ODG Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for a capsaicin-containing cream is not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's subsequent provision with a prescription for Norco, a first-line oral pharmaceutical, on June 16, 2015, effectively obviated the need for the capsaicin-containing cream in question. Therefore, the request is not medically necessary.