

Case Number:	CM15-0011037		
Date Assigned:	01/29/2015	Date of Injury:	09/30/2000
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74-year-old male who reported injury on 09/30/2000. The mechanism of injury was not provided. The documentation of 12/15/2014 revealed the injured worker had chronic low back pain and left shoulder pain. The injured worker was noted to have low back pain with intermittent radiation of pain and numbness into the bilateral lower extremities, left greater than right. The injured worker complained of intermittent pain flaring into the left shoulder, and right knee pain. The injured worker was utilizing gabapentin for neuropathic pain and indicated the capsaicin cream did not significantly help him; however, he was requesting a refill of this medication. The injured worker's surgical history included status post left knee surgery 1997, status post left total joint arthroplasty; left shoulder 2001; and status post cervical decompression for myopathy 2004. The injured worker underwent an EMG and multiple MRIs. The medication included capsaicin 0.075% cream, apply to affected area 3 times a day. The diagnoses included neck pain; pain in joint, shoulder, secondary to total joint arthroplasty; and lumbar disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075 percent cream SIG: Apply to affected area TID PEPPER cream, Qty: 2:
Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 clinical documentation submitted for review failed to provide documented efficacy, as it was indicated per the injured worker that the medication did not help significantly with pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for quantity 2. Given the above and the lack of documentation, the request for capsaicin 0.075 percent cream SIG: apply to affected area TID PEPPER cream, Qty: 2 is not medically necessary.