

Case Number:	CM15-0115028		
Date Assigned:	06/23/2015	Date of Injury:	04/18/2013
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

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 injured worker is a 49 year old right-handed female, who sustained an industrial injury on April 18, 2013. She reported right shoulder pain and right hand pain after feeling a pop in the right shoulder when exerting pressure with her arm to remove a piece of plastic from a mold while working as a machine operator. The injured worker was diagnosed as having possible right cervical radiculitis, rule out radiculopathy and cervical herniated nucleus pulposus. Treatment to date has included diagnostic X-ray studies, medications, physical therapy and work modifications. Currently, the injured worker complains of continued neck pain, right shoulder girdle pain and pain radiating down the right upper extremity with associated weakness, tingling, numbness and swelling of the right hand. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 5, 2014, revealed continued pain as noted. She reported the right hand was more symptomatic in the mornings. She denied any other diagnostics except x-ray studies. X-rays of the right shoulder was noted as normal. The pain was rated at a 3- 4 on a 1-10 scale with 10 being the worse. A request was made for cervical magnetic resonance imaging (MRI) and electrodiagnostic studies of the right upper extremity. Results of the cervical MRI on January 6, 2015, revealed disc protrusion, moderate canal stenosis and moderate neural foraminal stenosis. Electrodiagnostic studies were noted as normal. Evaluation on March 13, 2015, revealed continued pain as noted with associated cramping in the right forearm. It was noted she had decreased range of motion in the neck and right upper extremity. Urinary drug screen on March 17, 2015, was noted as negative. Evaluation on April 10, 2015,

revealed continued pain as noted. She noted medications were a little helpful but affected her stomach. She reported the pain level at a 4 on a 1-10 scale with 10 being the worse. She continued to work with modifications. She reported temporary improvement with previous physical therapy. She reported improvements in pain with Tylenol and Advil. Capsaicin cream #1 was requested to apply to affected areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and capsaicin Page(s): 111-113.

Decision rationale: According to the California MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain after a trial of a first line oral therapy has failed. The guidelines state that any compounded product that contains at least one drug class that the FDA does not recommend is not recommended. Capsaicin cream is recommended as an "option in patients who have not responded or are intolerant to other treatments" and is particularly useful in cases where pain has not been adequately controlled by conventional methods. "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." A review of the injured workers medical records that are available to me do not reveal documentation of pain and functional improvement with the use of capsaicin, there is also no documentation that the injured worker has failed or is unable to tolerate other first line recommended therapy. It was noted that her pain has improved with over the counter medications and physical therapy. Therefore based on the injured workers clinical presentation and the guidelines the request for Capsaicin cream is not medically necessary.