

Case Number:	CM15-0126830		
Date Assigned:	07/13/2015	Date of Injury:	12/02/2014
Decision Date:	09/08/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 44 year old female injured worker suffered an industrial injury on 12/02/2014. The diagnoses included cervical muscle spasms, rule out cervical disc protrusion, lumbar muscle spasms, rule out lumbar disc protrusion, right wrist pain and left hand joint pain. The diagnostics included right wrist magnetic resonance imaging, electromyographic studies/nerve conduction velocity studies of the upper extremities and cervical/lumbar magnetic resonance imaging. The injured worker had been treated with shockwave therapy and acupuncture. On 6/4/2015 the treating provider reported cervical spine had moderate pain. There was low back pain with radiation to the legs. The injured worker had activity dependent moderate right wrist pain and numbness. The left hand had pain with numbness and tingling. On exam there was tenderness of the cervical and lumbar spine. The injured worker had/ not returned to work. The treatment plan included Capsaicin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patch (unspecified quantity): 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 topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Capsaicin Patch.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Capsaicin was recommended only as an option in patients who have not responded or intolerant to other treatments. There were positive studies with Capsaicin cream with osteoarthritis, fibromyalgia and chronic non-specific back pain and may be particularly useful where pain had not been controlled successfully with conventional therapy. ODG Capsaicin patch is only recommended in patients who have not responded or are intolerant to other treatment for the management of pain associated with post herpetic neuralgia. Blood pressure should be monitored carefully for 1 hour after each application and caution is advised when treating patient with unstable or poorly controlled hypertension or recent history of cardiovascular or cerebrovascular events. The documentation provided did not include medical evidence of failed or intolerance of therapies. There was no comprehensive pain assessment and evaluation. The Capsaicin patch indication of post herpetic neuralgia was not included in the medical record. There was no medical record evidence of assessment for the precautions listed for the Capsaicin patch. Therefore, Capsaicin Patch was not medically necessary.