MAXIMUS Federal Services

Case Number:	CM15-0060043		
Date Assigned:	04/21/2015	Date of Injury:	09/13/1999
Decision Date:	06/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 64-year-old female, with a reported date of injury of 09/13/1999. The diagnoses include lumbar facet arthropathy without myelopathy, myofascial pain syndrome, neuralgia, neuritis, and radiculitis, lumbosacral spondylosis without myelopathy, myalgia and myositis, and cervical spondylosis without myelopathy. Treatments to date have included physical therapy, chiropractic treatment, acupuncture, oral medications, an MRI of the lumbar spine, a transcutaneous electrical nerve stimulation (TENS) unit, and lumbar facet joint injections. The medical report dated 02/04/2015 indicates that the injured worker complained of pain in her shoulders, neck, and lower back. She rated the pain 6 out of 10. It was noted that the injured worker had increased function after taking opioid medication. The objective findings include muscle cramps; muscle weakness; difficulty walking; poor balance; weakness or numbness; an antalgic gait; reduced lumbar range of motion with pain; normal motor exam of the lower extremities; intact sensation to light touch in the bilateral lower extremity; positive facet loading; positive trigger points over the lower lumbar facets; and decreased cervical range of motion. It was noted that the CURES report was checked and consistent; the opioid agreement was signed and in place; the injured worker reported that the opioids reduced her pain and made her more physically functional; and there was no evidence of opioid abuse, diversion, or addiction. The treating physician requested pain relief medication 0.0375%-5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Pain Relief 0.0375%-5% Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Pain Relief 0.0375%-5%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Though the documentation does not say which medications is in the formula it is most likely to have capsaicin as one of them. Only one document shows a written request for a compound medication and that was not for the currently requested Pain Relief 0.0375%-5%, although that formulation is on the list of choices. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Also, MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of topical medicine. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Pain Relief 0.0375%-5% is not medically necessary.