

Case Number:	CM15-0071160		
Date Assigned:	04/21/2015	Date of Injury:	03/10/2011
Decision Date:	05/20/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/15/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47-year-old male, with a reported date of injury of 03/10/2011. The diagnoses include cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatments to date have included a functional restoration program, oral medications, topical pain medication, an MRI of the cervical spine, an MRI of the lumbar spine, acupuncture, home exercises, and physical therapy. The visit note dated 03/05/2015 indicates that the injured worker had chronic neck and low back pain. The pain radiated to his upper extremities. The injured worker rated his pain 5 out of 10. The objective findings include an antalgic gait. No other objective findings related to the request was indicated. The treating physician requested Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, provided September 18, 2015: Overturned

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): 28-29.

Decision rationale: The California MTUS section on capsaicin cream states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: 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. The provided clinical documentation for review has met these outlined criteria and therefore the request is medically necessary.