

Case Number:	CM15-0074681		
Date Assigned:	04/24/2015	Date of Injury:	01/18/2011
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 59 year old female, who sustained an industrial injury on 1/18/2011. Diagnoses have included DeQuervain's syndrome, radial styloid tenosynovitis, cervical sprain, shoulder impingement and carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 3/26/2015, the injured worker complained of right shoulder pain as well as restricted range of motion. She also had trigger finger in the fourth digit of the left hand. Exam of the cervical spine revealed tenderness, spasm and restricted range of motion. Exam of the bilateral shoulders revealed restricted range of motion and positive impingement sign bilaterally. Exam of the bilateral hands and wrists revealed tenderness to palpation at the base of the right thumb. Grip strength was reduced bilaterally. Authorization was requested for Capsaicin cream and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Cream, SIG: apply to affected area twice a day, QTY: 120 with 2 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Capsaicin 0.02S% Cream, SIG: apply to affected area twice a day, QTY: 120 with 2 refills is not medically necessary.