

Case Number:	CM15-0092319		
Date Assigned:	05/18/2015	Date of Injury:	05/18/2006
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, New York
Certification(s)/Specialty: 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 injured worker is a 51 year old male, who sustained an industrial injury on May 18, 2006. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus (HNP), lumbar spine radiculitis, annular tear, and cervical spine herniated nucleus pulposus (HNP). Treatment to date has included MRIs, acupuncture, and medication. Currently, the injured worker complains of neck and low back pain radiating down to the bilateral legs. The Treating Physician's report dated March 16, 2015, noted the injured worker reported his pain remained the same rated 9/10. Physical examination was noted to show reduced sensation to light touch in the L5-S1 distribution with positive bilateral straight leg raise. The treatment plan was noted to include medications including a compound medication, Ranitidine, Naproxen, Methocarbamol, a urinalysis, and trigger point injections at the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-Capsaicin/Menthol C/PCCA Cust #360: Upheld

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

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) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Capsaisin/Menthol C/PCCA Cust #360 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are L/S HNP; L/S radiculopathy; annular tear; and C/S HNP. The documentation from a March 16, 2015 progress note contains an entry indicating Capsaisin 0.05%. There is no current indication that an increase over 0.025% formulation would provide any further efficacy. A follow-up progress note (after the March 16, 2015 progress note) is undated. There are no instructions for use. There are no instructions as to the anatomical area to be treated. Consequently, absent clinical documentation with a clinical indication for Capsaisin 0.05% and missing directions for use, topical Capsaisin/menthol C/PCCA Cust #360 is not medically necessary.