

Case Number:	CM14-0149219		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2012
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 9/30/2012. Per primary treating physician's progress report dated 7/11/2014 (hand written and mostly illegible), the injured worker complains of pain in bilateral shoulders, bilateral knees, cervical spine, thoracic spine, lumbar spine, bilateral elbows, bilateral wrists and hands. She reports constant, mild pain rated at 5/10. There is numbness and tingling in the left lower extremity. Symptoms decrease with medications. On examination grip strength on right is 22, 20, 18, and on left is 22, 20, 20. Kemp's test is positive bilaterally. Paraspinal and upper trapezius are tender. Straight leg raise is negative bilaterally. Diagnoses include 1) thoracic/lumbar disc displacement 2) thoracic disc displacement 3) cervical disc displacement 4) cervicalgia 5) lumbago 6) sprain of neck 7) brachial neuritis NOS 8) sprain thoracic region 9) sprain lumbar region 10) lumbosacral neuritis NOS 11) sprain shoulder/arm NOS 12) sprain NOS 13) sprain of wrist 14) sprain of hand 15) joint pain multiple joints 16) femoral hernia 17) insomnia NEC 18) sprain of knee and leg NOS 19) anxiety states 20) bicipital tenosynovitis 21) joint pain shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Capsaicin patches, marketed under the trade name Qutenza, contain 8% capsaicin. This is in excess of the recommended 0.025% formulation, and there is no indication that the injured worker has not responded to or is intolerant to other treatments. Medical necessity for this request has not been established. The request for Capsaicin Patch is determined to not be medically necessary.