

Case Number:	CM14-0145781		
Date Assigned:	09/12/2014	Date of Injury:	09/01/2011
Decision Date:	09/14/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 9-1-11. The diagnoses have included lumbar disc displacement without myelopathy, lumbar degenerative disc disease (DDD) with radicular pain, Treatment to date has included rest, exercise with swimming and stretching, medications, activity and work modifications, surgical consult, diagnostics, and epidural steroid injection (ESI). Currently, as per the physician progress note dated 8-1-14, the injured worker complains of low back pain and left leg pain which remains unchanged. The diagnostic testing included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Ibuprofen, Capsaicin cream and Tramadol. The objective findings reveal that the lumbar spine has guarding and spasm noted. The work status is permanent and stationary. The physician requested treatment included Capsaicin 0.75% cream apply to affected area 3 times a day #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.75% cream, apply to affected area 3x a day #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical Page(s): 111, 113, 29, 60-61.

Decision rationale: Based on the 08/01/14 progress report provided by treating physician, the patient presents with low back and left leg pain. The request is for Capsaicin 0.75% cream, apply to affected area 3x a day #2. Patient's diagnosis on 08/01/14 included lumbar disc displacement without myelopathy. Physical examination to the lumbar spine on 08/01/14 revealed spasm and muscle guarding. Treatment to date has included rest, exercise with swimming and stretching, activity and work modifications, surgical consult, diagnostics, epidural steroid injection (ESI), and medications. Patient's medications include Ibuprofen, Capsaicin cream and Tramadol. The patient is permanent and stationary, per 08/01/14 report. MTUS Guidelines, pages 111, has the following regarding topical creams: "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, pg 29, Capsaicin, topical, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. 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. MTUS page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded." Per 08/01/14 report, treater states the patient "takes minimal medications including capsaicin cream and ibuprofen as his first line treatment. 1 Capsaicin 0.075% Cream SIG: Apply to affected area three times a day pepper cream." In this case, the requested topical contains 0.075% formulation of capsaicin, which is not supported by MTUS for topical use in lotion form. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.