

<b>Case Number:</b>	CM13-0032510		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency 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 physician 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:

The patient reported the date of injury as 10/10/2012. The patient reported a fall off a ladder with diagnosis of L2 lumbar fracture with lumbar spine surgery performed on 1/13 and R calcaneal fracture. The last note from 8/22/13 from [REDACTED] (orthopedics) report post kyphoplasty for spinal fracture with patient still having continued back pains, uses crutches with moderate pain radiating down R leg to foot. The patient was reportedly taking norco. Capsaicin was requested for treatment of low back pain and neuropathic pain. The record from [REDACTED] (Chiropractor) on 10/3/13 was most recent note available. The patient was reporting severe 9/10 pain of back. Unspecified mild relief with pain medications. Objective exam shows limited range of motion of back with moderate pain with movement. Positive on multiple pain related testing. 4/5 strength in lower extremities. Normal reflexes. There is no medication list provided with this report. Initial injury report from [REDACTED] (Orthopedics) on 10/10/12 reports X-rays review showing lumbar L2 compression fracture and foot X-ray shows R calcaneal comminuted fractures. Patient was sent to the ER for assessment. CT scan of lumbar spine on 11/20/12 shows Lumbar L2 burst fracture with 30% loss of height and 3mm retropulsion of fragment into spinal canal. MRI on 5/23/13 of spine shows compression deformity of L2 vertebral body. The patient has received several courses (reported at least 24) of physical therapy. The review request for Bio-therm(Capsaicin 0.002%) 4oz x2. The utilization review of 9/18/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-therm (capsaicin 0.002%) 4 oz x 2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Capsaicin, topical Page(s): 28.

**Decision rationale:** As per MTUS guidelines, topical capsaicin may be considered as a treatment option for patients who have not responded to or are intolerant to standard treatment. There is evidence and data to support its use in osteoarthritis and non-specific low back pains. There is data that shows that it is useful when used in conjunction with conventional therapy when pain is not well controlled. The provided documentation shows persistent severe 9/10 even after surgical intervention and multiple physical therapy sessions with "mild" improvement with norco. As per MTUS guidelines, patient meets criteria for use of capsaicin and I conclude that it is recommended.