

<b>Case Number:</b>	CM13-0042201		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Family Practice 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 is a female claimant that sustained a work injury on 6/5/11 that resulted in chronic, shoulder, arm and wrist pain. She had a diagnosis of right carpal tunnel syndrome, shoulder impingement and biceps tendonitis. An MRI of the right elbow and wrist on 11/4/11 indicated a biceps tendonitis, flexor tendon tendonitis and osteonecrosis of the carpal bones. She had a right shoulder arthroscopy in 2012. Her pain has been managed with topical Ibuprofen and Capsaicin for at least 6 months. An examination report on 10/7/13 indicated that the claimant had pain, stiffness, weakness and numbness in the right upper extremity. A request was made on 10/7/13 for Prilosec #60 tablets for "GI distress" and Capsaicin 60 gram for the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and PPI Use Section Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary for "GI distress/" Therefore, the continued use of Prilosec is not medically necessary.

**Capsaicin 60gr:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): 111-112.

**Decision rationale:** According to the MTUS Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In addition, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, pure Capsaicin (>90% in a 60 gm tube) exceed the recommended .025%. Furthermore, if the prior use of Capsaicin contained .0375% which also greater than recommended by the guidelines. Furthermore, direct pain response, improvement is not documented from prior Capsaicin use. As a result neither formulation in a 60 gm tube is medically necessary.