

<b>Case Number:</b>	CM13-0052415		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	10/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 65-year-old female who reported an injury on 11/05/2008. The mechanism of injury was not provided in the medical records. Her diagnoses included cervical and lumbar radiculopathy. Her past treatments were noted to include physical therapy, use of a TENS Unit, acupuncture, oral medications, and topical analgesics. On 08/30/2013, the injured worker presented with complaints of pain in her left knee, left hip, and left wrist/hand. She rated her pain 8/10. A subjective followup form also indicated that the injured worker reported success with topical creams as she noted they helped her sleep and improve her flexibility. The injured worker also noted additional comments stating that creams with capsaicin have been the only ones she had found effective as others, such as Bengay and Blue Ice, had made her feel too cold and interrupted her sleep. The treatment plan included continued participation in home exercise program with hand exercises and use of capsaicin cream as it was noted to have helped her pain in the past. The Request for Authorization form was submitted on 08/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM4 -- Capsaicin 5% + Cyclobenzaprine 4%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines also state that topical compounded products that contain at least 1 drug that is not recommended are not recommended. In regard to the capsaicin, the guidelines state that topical capsaicin is only recommended for injured workers who have not responded or are intolerant to other treatments. The clinical information submitted for review indicated that the injured worker reported significant benefit from previous use of topical analgesics containing capsaicin as she noted that she had an increased ability to sleep and improve her flexibility with use of these creams. She also had indicated that other treatments, including Bengay and Blue Ice, had caused undesirable effects. Based on this documentation showing an intolerance/ineffectiveness of other treatments, use of topical capsaicin may be appropriate. However, in regard to cyclobenzaprine, the guidelines specifically state that there is no evidence for use of any muscle relaxant as a topical product. Therefore, despite documentation indicating that use of topical capsaicin may be appropriate, as the requested compound also contained cyclobenzaprine, which is not recommended by the guidelines, the compounded product is also not recommended. In addition, the request as submitted failed to include directions for use and frequency of application, as well as a quantity being requested. For these reasons, the request is not medically necessary.