

<b>Case Number:</b>	CM13-0052664		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/21/2013
<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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for cervical radiculopathy, chronic pain syndrome, chronic midback pain, neuropathic pain, and insomnia reportedly associated with an industrial injury of December 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and extensive period of time off of work, per the claims administrator. In a utilization review report of October 21, 2013, the claim administrator denied a request for capsaicin-containing ointment, noting the applicant was apparently using oral Naprosyn. The applicant's attorney subsequently appealed. Final Determination Letter for IMR Case Number [REDACTED] 3 A clinical progress note of October 16, 2012 is in fact notable for comments that the applicant is using a variety of oral medications include Vicodin, Naprosyn, and Neurontin, in addition to the capsaicin compound. The applicant is also using an alternate treatment, Gabadone, as well as Prilosec, as of that point in time. On September 30, 2013, the applicant was described as using Naprosyn and Vicodin for pain relief as well as capsaicin-containing compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 GMS OF CAPSAICIN OINTMENT:** Upheld

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

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

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last line treatment, to be employed only in those applicants, who are proven intolerant to and/or have failed to respond favorably to other treatments. In this case, however, per the attending provider the applicant has reportedly responded favorably to Naprosyn, Vicodin, and other first line oral pharmaceuticals, effectively obviating the need for the capsaicin ointment here. Therefore, the request is not certified, on independent medical review.