

<b>Case Number:</b>	CM13-0068175		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with a date of injury 07/16/2008. Per treating physician's progress report 11/06/2013, patient presents with right knee and low back pain, being unable to get comfortable with entire left leg numb especially the bottom of his toes. The patient at times uses crutches at home, otherwise uses a walker. Listed medications are lactulose, Cyclobenzaprine, Opana ER 40 mg, capsaicin 0.025% cream, Norco 10/325, and Cymbalta. The listed diagnoses are pain in the joints of the lower leg, left knee arthroscopy, chronic pain syndrome, long term use of medications. Under prescription, it list Cyclobenzaprine, Opana, and Norco. Under treatment discussion, the physician discussed decreasing the use of Norco. There is also a letter of appeal dated 11/18/2013 written by the treating physician for direct response to the denial letter from 11/06/2013 for rush review of capsaicin 0.075% cream dispensed on 03/27/2013. Treating physician argues that the patient was provided with 0.075% formulation for neuropathic pain for burning and numbness which he felt was consistent with MTUS Guidelines. He indicates that current formulation at 0.075% is helping him and there was no need to decrease this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN CREAM 0.075%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics Section

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** This patient presents with chronic knee pain along with some components of neuropathic pain. The request is for continued use of capsaicin cream at 0.075%. MTUS Guidelines provide clear discussion regarding the use of capsaicin. It is indicated for various different chronic pains including the diagnosis provided for this patient. However, the precise dispute is over the concentration of the capsaicin cream. MTUS Guidelines specifically state that formulations at above 0.025% have not been shown to be effective. MTUS Guidelines support formulations at 0.025% but not at formulations above this concentration. The treating physician has argued in his appeal letter that since 0.075% is working for this patient that it should be continued. However, MTUS Guidelines clearly provide the discussion that when capsaicin cream is used, it should be used at 0.025% concentration. The request is not medically necessary or appropriate.