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| <b>Case Number:</b>   | CM14-0100018 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 04/20/2013 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 patient is a 48-year-old female who has submitted a claim for chronic cervical disc displacement without myelopathy associated with an industrial injury date of 04/20/2013. Latest progress reports show that the patient complains of chronic neck pain and right upper extremity transitory numbness and tingling sensation and intermittent lateral elbow pain. She is currently working full time and is interested in increasing her tolerance for work hours. There is no documentation of deterioration of functional status or persistence of pain despite medications. The physical examination reveals muscle tenderness on the right trapezius and right deltoid region. No decrease in the range of motion was noted. The treatment to date has involved conservation measures only including physical therapy and oral medications, which has included Nabumetone, Pantoprazole, and Tramadol. The utilization review, dated 06/13/2014, denied the request for topical capsaicin cream because of the lack of documentation that would support that the patient failed trials of conventional oral medications. Furthermore, the California MTUS guidelines do not support the prescribed formulation of the capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Capsaicin cream QTY:1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin  
Page(s): 28-29.

**Decision rationale:** According to page 28-29 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 in patients whose pain has not been controlled successfully with conventional therapy. However, it is only recommended as an option in patients who have not responded or are intolerant to other treatments. Also, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, there is no documentation supporting that the patient's current oral medication has failed to provide functional improvement. The medical necessity for capsaicin cream has not been established. Moreover, the present request failed to specify dosage. Therefore, the request for topical capsaicin cream Qty 1 is not medically necessary.