

<b>Case Number:</b>	CM14-0110900		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 29-year-old male with an 8/2/13 date of injury. At the time (6/16/14) of the Decision for Capsaicin Patches, Count 8, there is documentation of subjective (shoulder pain, low back pain, and left testicular pain) and objective (not specified) findings, current diagnoses (lumbar sprain/strain and right shoulder sprain/strain), and treatment to date (physical therapy, acupuncture, and ongoing therapy with oral pain medications (Naproxen and Tramadol) and topical compounded creams). There is no documentation that the patient has not responded or is intolerant to other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin Patches, Count 8:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In

addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that 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. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain and right shoulder sprain/strain. However, given documentation of ongoing treatment with oral pain medications and topical compounded creams, there is no documentation that the patient has not responded or is intolerant to other treatments. In addition, there is no documentation of the percentage formulation requested. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin Patches, Count 8 is not medically necessary.