

<b>Case Number:</b>	CM14-0137955		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/28/2000
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Emergency 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 injured worker is a 65 year-old male, who sustained an injury on October 28, 2000. The mechanism of injury occurred after falling backwards after an altercation with a jail inmate. Pertinent diagnostics are not noted. Treatments have included: medications, physical therapy, massage, acupuncture. The current diagnoses are: lumbosacral disc degeneration, lumbar radiculitis. The stated purpose of the request for Topical Capsaicin 0.075% Cream apply tid, was to provide pain relief without oral medications. The request for Topical Capsaicin 0.075% Cream apply tid, was denied on August 11, 2014, citing a lack of documentation of objective evidence of clinical efficacy. Per the report dated June 17, 2014, the treating physician noted complaints of low back pain. Exam findings included lumbar tenderness and restricted range of motion and negative neurologic exam findings. Per the report dated August 25, 2014, the treating physician noted complaints of low back pain with radiation to the left thigh. Exam findings included lumbar tenderness, restricted lumbar range of motion, negative straight leg raising tests, normal neurologic exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Capsaicin 0.075% Cream apply tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** The requested Topical Capsaicin 0.075% Cream apply tid, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiation to the left thigh. The treating physician has documented lumbar tenderness, restricted lumbar range of motion, negative straight leg raising tests, normal neurologic exam. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Topical Capsaicin 0.075% Cream apply tid, is not medically necessary.