

<b>Case Number:</b>	CM14-0154778		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 31-year-old with a reported date of injury of 02/03/2011 that occurred as a result of a fall at work. The injured worker sustained multiple skull fractures and an intracranial hemorrhage. The injured worker subsequently underwent left hemicraniectomy and cranioplasty. The injured worker has the diagnoses of traumatic brain injury, low back pain, vestibulopathy, headache and shoulder impingement. Per the progress notes provided by the treating physician for review dated 06/16/2014, the injured worker had complaints of left shoulder pain, low back pain, impaired speech, dizziness, headaches, seizures and fatigue. The physical exam noted end range pain with range of motion in the left shoulder and tenderness over the subacromial area and mild tightness in the paraspinal areas. The treatment plan recommendations included physical therapy for the left shoulder and low back, vestibular rehab, speech therapy, MRI of the left shoulder, trial of Salonpas and referral to neuro-optometry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Salonpas (quantity unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The requested medication contains capsaicin. The California chronic pain medical treatment guidelines section on topical analgesic states: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.

Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Indications: 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 (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. The injured worker has the diagnoses of shoulder pain with impingement and low back pain. However there is no documentation of failure to respond or intolerance to other first line recommendations. Therefore the criteria for use of this medication per the California MTUS have not been met. Therefore the request for Trial of Salonpas (quantity unspecified) is not medically necessary.