

Case Number:	CM14-0024858		
Date Assigned:	06/13/2014	Date of Injury:	02/23/2012
Decision Date:	07/15/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine and 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:

The injured worker is a 35-year-old female who reported an injury on 02/23/2012. The mechanism of injury was not specifically stated. Current diagnoses include right arm pain and complex regional pain syndrome. The injured worker was evaluated on 01/23/2014 with complaints of right arm and shoulder pain. The injured worker was status post stellate ganglion nerve block with significant reduction in inflammation. Current medications include Nabumetone 500 mg, Prednisone, Ambien, Dendracin lotion, Lidoderm 5% patch, Percocet, and Neurontin. Physical examination revealed an enlargement of the thyroid gland, painful cervical range of motion, decreased sensation in the right upper extremity, and decreased motor strength in the right upper extremity. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO CAPSAICIN 0.0375%/MENTHOL10%/CAMPHOR/2.5%TRAMADOL20%;
9/23/2013: Upheld**

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, the entire product is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.