

<b>Case Number:</b>	CM14-0026637		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 52 year old female who reported an injury on 9/15/09 due to an undisclosed mechanism of injury. The injured worker complained of pain in both wrists and hands, and neck pain that radiates over the left shoulder and arm. On 11/15/13, the physical examination revealed positive Tinel's and Phalen's sign. The muscle strength test of upper extremities was 3/5 on the left and 4/5 on the right at wrist, flexors, extensors, biceps, and triceps. There was no documentation of diagnostic testing nor past treatment. The injured worker had a diagnoses of chronic pain syndrome, carpal tunnel syndrome, and left wrist sprain/strain with internal derangement. The injured worker was on the following medications Motrin 800mg, anaprox 550mg, and Prilosec 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL CREAM - CAPSAICIN / CYCLOBENZAPRINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The injured worker has a history of pain to her wrists, hands, neck and shoulder. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The proposed compounded product contains capsaicin, which is not recommended. In addition, the dose, quantity, and frequency for the proposed medication were not provided. As such, the request is not medically necessary.