

<b>Case Number:</b>	CM14-0034069		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 43-year-old female who reported an injury on 03/04/2010 due to an unknown mechanism. Diagnosis was epicondylitis lateral status post epicondylar release on 07/09/2010. Past treatments were medications, acupuncture, and TENS unit. Physical examination on 06/04/2014 revealed persistent right upper extremity pain in the elbow and hand as well as in the upper arm. There was pain with full extension. Motor strength was good, with no numbness and tingling. Medications were Topiramate/Topamax 100 mg, Lidocaine 5% ointment, capsaicin 0.025% cream, Meclizine 12.5 mg, and Depo-Provera 150 mg/mL. The treatment plan was to continue medications as directed and acupuncture. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream:** 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, Topical Capsaicin Page(s): 111, 28.

**Decision rationale:** The decision for Capsaicin 0.025% cream is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that 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 (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The medical guidelines state that Capsaicin is recommended only as an option to patients who have not responded to or are intolerant to other treatments. The request does indicate a frequency for the medication. Clinical information submitted for review does not provide enough evidence to justify continued use. Therefore, the request for Capsaicin 0.025% cream is not medically necessary.