

Case Number:	CM14-0041126		
Date Assigned:	06/30/2014	Date of Injury:	07/09/2012
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Practice 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:

32 yr. old female claimant sustained a work injury on 7/9/2012 involving the left wrist and shulder. She was diagnosed with chornic left shouder pain, left wrist carpal tunnel syndrome and DeQuervain's tenosynovitis. A progress note on 3/10/14 indicated she had continued left shoulder and wrist pain. Exam findings were notable for tenderness, weakness and stiffness in the involved areas. She had been on oral anlagesics but had created gastrointestinal upset. For that reason she was using topical creams which would reduce her pain from 8/10 to 4/10. She was previouslty on oral Norco and topical Naprosyn. The treating physician initiated topical Capsacin .035%. to aid in pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin ointment 60mg twice a day: 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): pg 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials

to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Capsaicin .025% is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant had been on topical NSAIDs previously. Prolonged use of topical analgesics is not recommended. There was no indication to switch to topical Capsaicin. The dose prescribed above is higher than recommended. The Capsaicin above is not medically necessary.