

<b>Case Number:</b>	CM14-0087740		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 12/27/2003. Per pain management visit note dated 5/13/2014, the injured worker complains of chronic neck and back pain. She is status post cervical fusion and continues to have significant pain in the left side of the neck and to the left shoulder. She was diagnosed with frozen shoulder and had physical therapy with mild benefit. She continues to have significant decrease in range of motion in the left shoulder. She reports having headaches on a frequent basis, estimating about 3-4 per week. Her headaches are said to improve with lying down and taking medicine, and sometimes they resolve on their own. She continues to have increased low back pain with radiation into both lower extremities. She has had lumbar epidural steroid injections and diagnostic lumbar facet injection in the past without benefit. She is not interested in invasive procedures at this time regarding the low back. On examination of the left shoulder, there is limited abduction at 105 degrees, forward flexion at 105 degrees, and extension at 45 degrees and adduction at 45 degrees. The left acromioclavicular joint is tender to palpation and she has a positive cross arm test. Diagnoses include 1) cervical disc displacement without myelopathy 2) lumbar disc displacement without myelopathy 3) pain in joint shoulder 4) pain psychogenic NEC 5) degeneration lumbar lumbosacral disc 6) stenosis spinal lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical medication Capsaicin 0.075% cream; apply three times a day QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section Page(s): 28, 29.

**Decision rationale:** The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There has not been any studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. The request for Topical medication Capsaicin 0.075% cream; apply three times a day QTY 1 is determined to not be medically necessary.

**Topical Ketamine 5% cream; three times a day; 60 grams QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine section, Topical Analgesics section Page(s): 55,112, 113.

**Decision rationale:** Per MTUS Guidelines, "the use of ketamine is not recommended for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for Complex Regional Pain Syndrome (CRPS). Ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. Topical ketamine is under study and only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results." The clinical documents have not established medical necessity within these guidelines. The request is not medically necessary.