

<b>Case Number:</b>	CM14-0197001		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/21/1998
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

The applicant is a represented employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 21, 1998. In a Utilization Review Report dated November 19, 2014, the claims administrator denied both capsaicin-containing and diclofenac-containing creams. The claims administrator referenced a progress note of October 5, 2014 and an RFA form of November 12, 2014 in its denial. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported ongoing complaints of headaches, neck pain, and bilateral upper extremity pain. The applicant had sustained a stroke. The applicant had issues with memory disturbance, sleep disturbance, insomnia, and upper extremity paresthesias. The applicant was apparently using a TENS unit. The applicant had superimposed fibromyalgia. The applicant was status post cervical fusion surgery, it was noted. The applicant's medication list included the capsaicin-containing compound, the diclofenac-containing compound, Lunesta, Lipitor, Biofreeze gel, calcium, various dietary supplements, Pamelor, Plavix, and Voltaren gel. The applicant was visibly anxious. Sonata, the capsaicin-containing cream, and the diclofenac-containing cream were issued, along with 12 sessions of acupuncture. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. On October 29, 2014, the applicant reported heightened complaints of neck, bilateral shoulder, and mid back pain. The applicant was asked to continue permanent work restrictions while Lunesta, Voltaren cream, and the capsaicin-containing cream were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical NSAIDs Page(s): 112-113.

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

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is not recommended except in applicants who have not responded to or are intolerant to other treatments. In this case, the applicant's ongoing usage of Pamelor, an antidepressant adjuvant medication, effectively obviates the need for the capsaicin-containing compound at issue. Therefore, the request is not medically necessary.

**Diclofenac Sodium 1.5% Cream 60 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111 & 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

**Decision rationale:** The applicant's primary pain generator here is the previously operated-upon cervical spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. The attending provider did not furnish any compelling applicant-specific rationale which would support selection of this particular modality in face of the tepid to unfavorable MTUS position on the same for the applicant's primary diagnosis of chronic neck pain. Therefore, the request is not medically necessary.