

<b>Case Number:</b>	CM14-0199262		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a 66 year old male with a work related injury dated 08/22/2003. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 10/01/2014, the injured worker presented status post lumbar fusion with continued low back pain without medications. Diagnoses included lumbar discogenic disease, chronic low back pain, lumbar spondylosis, and status post lumbar fusion. Treatments have consisted of walking on the treadmill, use of Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medications. The physician also noted that a lumbar support and motorized wheelchair have been requested to help him get around. Diagnostic testing is not noted in received medical records. Work status is noted as temporarily totally disabled. On 11/19/2014, Utilization Review non-certified the request for Ketoprofen 10% Capsaicin 0.75% citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician noted that the Guidelines state that topical medications are largely experimental and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, Ketoprofen is not recommended as a topical agent. Furthermore, Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10% Capsaicin 0.75%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, page 112-113 state the following regarding topical capsaicin: "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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." In this case, the topical component of capsaicin at the 0.075% dosage is not supported by clinical literature and is not recommended. Therefore, the entire formulation is not medically necessary.