

<b>Case Number:</b>	CM14-0200098		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female who suffered an unknown work related injury on 01/26/98. Per the physician notes from 11/13/14 she complains of neck and low back pain, as well as upper extremity pain. The neck pain radiates down bilateral upper extremities and is accompanied by numbness in the bilateral upper extremities. Diagnoses include chronic pain, cervical disc degeneration, cervical radiculitis, cervical radiculopathy, lumbar disc displacement, lumbar radiculopathy, osteoarthritis of the right knee, and status post bilateral carpal tunnel release. Requested treatments are lumbar epidural steroid injection, and continued medications consisting of Gabapentin, Hydrocodone, Omeprazole, Senokot, Vitamin D, and Capsaicin cream. The Capsaicin cream was denied by the Claims Administrator on 11/21/14 and was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of capsaicin 0.025% cream, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain in her upper extremity, lower back, and neck. The request is for capsaicin 0.025% cream #60. The utilization review determination rationale is that the patient has reports of relief with an epidural injection, physical therapy, and other first-line prescribed medications. There was no indication that the patient was intolerant or did not respond to other treatments. Therefore, use of capsaicin cream is not medically warranted. The patient has been using capsaicin as early as 08/21/2014. MTUS page 111 has the following regarding topical creams, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the patient has been diagnosed with osteoarthritis of the right knee. MTUS page 60 requires documentation of pain and function when medication is used for chronic pain. The 08/21/2014 report indicates that the patient rates her pain as a 3/10 with medications and an 8/10 without medications. The 09/18/2014 report states the patient rates her pain as a 5/10 with medications and an 8/10 without medications. On 11/13/2014, the patient rates her pain as a 4/10 with medications and an 8/10 with medications. With this proper documentation, the requested capsaicin 0.025% cream is medically necessary.