

<b>Case Number:</b>	CM14-0205386		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 patient with a date of injury of 7/18/12. A utilization review determination dated 12/3/14 recommends non-certification/modification of Capsaicin Cream. 11/24/14 medical report identifies pain in the low back, lower extremity, and ankle 6/10. Flexeril, Diclofenac, and Capsaicin Cream help to reduce some pain and allow for better function. On exam, there is tenderness, limited ROM, spasm, positive SLR on the right, and sensation decreased along the right lower extremity (dermatome unspecified). The provider noted that the patient is using Capsaicin 0.075% for neuropathic pain. Patient has tried PT, acupuncture, TENS, HEP, and medications. Patient has deferred spinal injections and surgery. Patient is taking Gabapentin at an unspecified dose, but is unable to tolerate higher doses. She has tried NSAIDs such as Nabumetone with GI side effects such as heartburn and nausea. Capsaicin helps in reducing low back pain and keeps oral medications to the minimum possible level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Capsaicin 0.075% cream #1 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 112 and 113.

**Decision rationale:** Regarding the request for Capsaicin Cream, CA MTUS states that topical capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." 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 is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with Capsaicin Cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Within the documentation available for review, while the provider notes that the patient is unable to tolerate high doses of some medications; other medications are noted as being effective. Furthermore, there is no clear rationale for the use of the requested 0.075% formulation given that the CA MTUS notes that there is no indication of additional efficacy over a 0.025% formulation. Given all of the above, the requested Capsaicin Cream is not medically necessary.