

<b>Case Number:</b>	CM14-0218619		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

This is a female who suffered an industrial related injury on 10/2/12. A physician's report dated 11/18/14 noted the injured worker had complaints of neck pain, headaches, dizziness, left shoulder pain and weakness, and difficulty sleeping. The physical examination revealed cervical paravertebral muscle tenderness with spasm. Restricted cervical range of motion was also noted. Anterior left shoulder pain was present with palpation, decreased range of motion, and positive impingement sign were noted. Lumbar paravertebral muscle tenderness with spasm and restricted range of motion was noted. Diagnoses included cervical sprain, shoulder impingement, and lumbar radiculopathy. The physician recommended Capsaicin 0.025% cream. On 12/6/14 the utilization review (UR) physician denied the request for Capsaicin 0.025% cream. The UR physician noted the Medical Treatment Utilization Schedule guidelines state Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. As the medical records do not meet the guideline criteria, the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** The patient presents with pain and weakness in her neck, left shoulder and lower back and extremities. The request is for CAPSAICIN 0.025% CREAM. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the utilization review letter 12/06/14 denied this request, stating that "the records do not meet the guideline criteria as there is no indication of failed medications or an intolerance to it." MTUS Guidelines page 111 allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. This patient does present low back pain for which the topical medication would be indicated. However, it is not known how long the patient has been on this topical. The treater does not discuss it's efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.