

<b>Case Number:</b>	CM15-0008485		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### 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 41 year old female with an industrial injury dated December 17, 2012. The injured worker diagnoses include cervical degenerative disc disease, cervical sprain/strain, lumbar degenerative disc disease, and myofascial pain. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, physical therapy, acupuncture, injections, and periodic follow up visits. According to the progress note dated 11/29/14, the injured worker reported pain in her left shoulder, low back, left knee and left foot. She reported that her worst pain is in the shoulder, worse with movement and activities. The neck pain and lower back pain is intermittent radiating down to the left arm and left leg. The treating physician prescribed Capsaicin pain relief patch #90. Utilization Review (UR) determination on December 16, 2014 modified the request to Capsaicin pain relief patch #30, citing MTUS, ACOEM guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin pain relief patch #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 28-29, and 111-113. Decision based on Non-MTUS Citation [www.fda.gov](http://www.fda.gov)

**Decision rationale:** Per the MTUS Guidelines, topical analgesics are largely experimental, but may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical analgesic is 'not recommended,' then the entire topical treatment is not recommended. Per the MTUS guidelines, capsaicin topical can only be recommended for those who have failed to respond to or are intolerant of other options for pain relief. Some good randomized studies suggest that capsaicin is useful for osteoarthritis, fibromyalgia and chronic non-specific back pain (consistent with patient of concern). However, higher doses of capsaicin (anything over 0.025% based on available studies) are considered experimental and have no studies to support use in the above conditions. It is noted that capsaicin has moderate to poor efficacy, but can work, alone or in compound, for patients whose pain has not been controlled with conventional therapies. Capsaicin produces "highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds." (Maroon, 2006) The above statements, it should be noted, support only the use of 0.025% dose capsaicin. For the Capsaicin patch (an 8% dermal formulation) specifically, it is newly FDA-approved, for post-herpetic neuralgia only. It has no other indications per the FDA. The Capsaicin patch is to be used for 60 minutes at a time, no more than every 3 months and no more than 4 patches per application. For the patient of concern, the records supplied do not indicate that patient has post-herpetic neuralgia. Also, the #90 Capsaicin patches requested would be multiple years supply if used as directed per the FDA recommended dosing. As patient does not have a diagnosis for which the Capsaicin patch would be indicated, and as the # requested exceeds 1 year supply, the topical Capsaicin patch is not recommended and not medically indicated.