

<b>Case Number:</b>	CM15-0107173		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California, Indiana, New  
York Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 55-year-old male who sustained an industrial injury on 04/28/2004. Diagnoses include cervical spondylosis, degeneration of lumbar disc and lumbar disc displacement without myelopathy. Treatment to date has included medications, psychological care, pool therapy, lumbar epidural steroid injections, acupuncture, TENS unit and home exercise. According to the progress notes dated 4/2/15, the IW reported he was still having over 50% reduction in his radicular pain in the bilateral legs since receiving a lumbar epidural steroid injection on 1/27/15. He stated he was performing his exercise program daily and this was tolerable now. He also reported improvement in the numbness in his right big toe since restarting Gabapentin. On examination, muscle tone was normal in all extremities. MRI of the cervical spine on 4/17/09 showed multilevel uncovertebral spurring most severe on the left at C6-7 with severe foraminal narrowing and probable left C7 nerve impingement. MRI of the lumbar spine on 11/9/06 showed multilevel disc degeneration and nerve root effacement at L2 through L5. A request was made for Capsaicin 0.075% cream, #4 for topical application to the affected area three times daily for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaisin 0.075% cream #4 is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are cervical spondylosis; degeneration lumbar disc; and lumbar disc displacement without myelopathy. The date of injury was April 28, 2004. The earliest progress note that contains Capsaisin 0.075% cream is dated February 3, 2014. Capsaisin 0.075% is not recommended. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (Capsaisin 0.075%) that is not recommended is not recommended. Consequently, Capsaisin 0.075% cream is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Capsaisin 0.075% cream #4 is not medically necessary.