

<b>Case Number:</b>	CM15-0108901		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/31/1996
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 45-year-old female with a December 31, 1996 date of injury. A progress note dated May 14, 2015, documents subjective findings (constant neck pain and tightness; pain rated at a level of 3-4/10; daily and frequent left shoulder pain rated at a level of 2-3/10 at its lowest and 5-6/10 at its highest; right shoulder pain which comes and goes on a daily basis rated at a level of 5/10 at its highest down to a 0; daily tingling and burning sensation along with pulling and weakness in both arms and forearms; constant right hand and wrist weakness; right thumb stiffness; constant left wrist and hand pain rated at a level of 4/10; swelling in both hands; depression from pain), objective findings (neck pain with range of motion; hypoesthesia over the right C5 and C7 dermatomes; noted temperature variation bilaterally between the hands to the upper forearms; positive left shoulder depression producing left sided neck pain; right shoulder depression producing right sided neck pain; positive Tinel's tapping the left wrist; noted eminence of right hand thenar and hypothenar wasting; pain with palpation of bilateral wrists; pain with palpation of the bilateral shoulders; decreased range of motion of the thoracic spine; decreased range of motion of the bilateral shoulders), and current diagnoses (complex regional pain syndrome; right hand muscle wasting; right upper extremity tremor; thoracic syndrome; depression; sleep disorder). Treatments to date have included stellate ganglion block (nearly 80% relief for approximately four weeks), left shoulder surgery, right hand surgery, medications, and imaging studies. The treating physician documented a plan of care that included an unknown prescription for topical Lidocaine and/or capsaicin.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Unknown Prescription of topical and/or capsaicin:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin and lidocaine are topical analgesics not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request is not medically necessary.