

<b>Case Number:</b>	CM15-0131432		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 44 year old male, who sustained an industrial injury on 11-18-2013. He has reported injury to the low back. The diagnoses have included sprain-strain, lumbar spine; lumbar radiculopathy; displacement of the lumbar intervertebral disc without myelopathy at L3-L4, L4-L5, and L5-S1; lumbar facet joint syndrome; and lumbar spinal stenosis. Treatments have included medications, diagnostics, injections, interferential unit, aquatic therapy, acupuncture, epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Lidoderm Patch, Capsaicin Cream, Voltaren XR, Omeprazole, Xanax, Soma, and Tizanidine. A progress report from the treating physician, dated 04-14-2015, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain rated as 8 out of 10 on the pain scale; the pain radiates to the left lower extremity with associated numbness and tingling; and his symptoms remain the same since the last examination. Objective findings included decreased lumbar range of motion; there is tenderness to palpation along the lumbar spine; there are palpable spasms along the paravertebral muscles of the lumbar spine bilaterally; straight leg raise is positive bilaterally; and he ambulates with an antalgic gait. The treatment plan has included the request for Capsaicin Cream 0.025%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin CRE 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Salicylate topicals and Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Capsaicin CRE 0.025% is not medically necessary.