

Case Number:	CM15-0135544		
Date Assigned:	07/23/2015	Date of Injury:	07/03/2014
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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 is a 34-year-old female, who sustained an industrial injury on 7/3/14. Initial complaint was of her right elbow. The injured worker was diagnosed as having medial epicondylitis; long-term use of necessary medications. Treatment to date has included tennis elbow wrap; ice applications; physical therapy; urine drug screen; medications. Diagnostics studies included MRI right elbow (5/6/15); EMG/NCV study bilateral upper extremities (6/1/15). Currently, the PR-2 notes dated 5/28/15 indicated the injured worker complains of chronic right elbow pain. The pain radiated from the right elbow down into the hand with numbness and tingling into the first three digits. The pain level of severity is rated at 5/10 but could elevate to 8-9/10 with activity. Medications are reported as beneficial with pain relief and function but not working at this time. She requires a refill of medications on this date. There is a surgical consultation requested and a EMG/NCV study of the bilateral upper extremities performed on 6/1/15 as well as a MRI of the right elbow on 5/6/15. The provider showing a high-grade partial tear of the common extensor tendon of the right elbow with nonspecific subcutaneous edema in the posterolateral aspect of the right elbow reports the MRI. The provider is requesting authorization of Capsaicin 0.075% cream per 5/28/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream per 05/28/2015 order Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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, topical Capsaicin 0.075% per May 28, 2015 order #1 is not medically necessary. Topical analgesics are largely experimental with few 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 diagnosis is lateral epicondylitis. The date of injury is July 3, 2014. The request for authorization is June 19, 2015. Capsaicin 0.075% was started April 2, 2015. Subjectively, the injured worker has chronic elbow pain 5/10. According to a May 28, 2015 progress note, there is no physical examination of the elbow. 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. Capsaicin 0.075% is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.075%) that is not recommended is not recommended. Consequently, absent guideline recommendations for Capsaicin 0.075%, topical Capsaicin 0.075% per May 28, 2015 order #1 is not medically necessary.