

<b>Case Number:</b>	CM15-0146859		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/02/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 35 year old female, who sustained an industrial injury on 4-2-2011. She reported a slip and fall with injury to the right knee, right ankle and low back. Diagnoses include internal derangement, right knee, with patellar fracture and medial meniscus injury, low back pain and sciatica, and chronic strain of the right ankle. Treatments to date include activity modification, knee brace, physical therapy, and therapeutic joint injection. Currently, she complained of ongoing pain in the low back, right knee and right ankle. The low back pain radiated to the right lower extremity associated with numbness and tingling. The records indicated significant gastrointestinal upset from anti-inflammatory medication. On 6-25-15, the physical examination documented lumbar muscle spasm and guarding. Further comments indicated decreased right knee range of motion and increased atrophy in the thigh musculature. Medical records indicated a non-healing non-displaced fracture of the patella and meniscal degeneration. There is suggestion for surgical repair, however the injured worker was declining surgery. The plan of care included a prescription for Capsaicin 0.075% cream; apply to affected area three times a day, #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. 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% cream #1 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 anti-convulsants 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 strain sprain lumbar region; pain in joint lower leg; pain in joint ankle foot; and sciatica. Date of injury is April 2, 2011. Request for authorization is July 7, 2015. According to a June 25, 2015 progress note, the injured worker's subjective complaints are low back pain, right buttock, right thigh, knee and ankle pain. Treating provider prescribed topical Capsaicin 0.075% cream. 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 (capsaicin 0.075%) that is not recommended is not recommended. Consequently, topical Capsaicin 0.075% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Capsaicin 0.075% cream #1 is not medically necessary.