

<b>Case Number:</b>	CM15-0160625		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 8-23-2006. Diagnoses include pain in joint lower leg. Treatment to date has included left knee surgery (2006) as well as conservative treatment including functional restoration program, home exercise, and anti-inflammatory and topical medications. Current medications included capsaicin cream, Tylenol extra strength and Voltaren gel. Per the Primary Treating Physician's Progress Report dated 6-15-2015 the injured worker reported chronic bilateral knee pain. He uses a cane for ambulation. He reports that the use of capsaicin cream helps with pain and function. Physical examination of the bilateral knees revealed crepitus and grinding, left greater than right. The plan of care included physical therapy and topical medications and authorization was requested for Capsaicin cream 0.075%, Diclofenac sodium 1% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** Capsaicin 0.075% cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Dexamethasone. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate that the patient has failed trials of antidepressants or anticonvulsants. Furthermore, the request as written does not specify a quantity. For these reasons Capsaicin cream is not medically necessary.