

<b>Case Number:</b>	CM15-0167408		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/21/2009
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 51 year old female, who sustained an industrial injury on 09-21-2009. She reported injury to the neck, right shoulder, and right upper extremity. The injured worker was diagnosed as having cervical disc degeneration; carpal tunnel syndrome; pain in joint, shoulder; and status post right shoulder arthroscopy in May 2010. Treatment to date has included medications, diagnostics, activity modification, physical therapy, functional restoration program, and surgical intervention. Medications have included Butrans Patch, Naproxen, Nabumetone, Gabapentin, Tylenol No. 3, Voltaren XR, Capsaicin Cream, and Pantoprazole. A progress report from the treating provider, dated 07-08-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder and right upper extremity pain; she continues to have right shoulder pain and bilateral hand pain, with radiation of her shoulder pain into her upper extremities; the shoulder pain is constant, but made worse with overhead activities or with use of her upper extremity; persistent swelling in her sternoclavicular region; she does not have nighttime splints for bilateral hand pain; she has numbness and tingling in her hands, worse at night; and the Tylenol No. 3 provides her with 30% pain decrease and allows her increased tolerance for the use of her right upper extremity. Objective findings have included she has been approved for surgical consultation regarding right sternoclavicular joint pain as well as swelling; she is using Capsaicin for neuropathic pain; and her subjective, objective, and diagnostic findings do indicate the presence of neuropathic pain for which the use of Capsaicin cream is appropriate. The treatment plan has included the retrospective request for Capsaicin .075% cream Quantity: 1.00 (date if service: 07-08-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin .075% cream Qty: 1.00 (DOS: 07/08/2015): Upheld**

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

**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, retrospective topical Capsaicin 0.075% #1 date of service July 8, 2015 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 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 workers working diagnoses are carpal tunnel syndrome; pain in joint shoulder; and degeneration cervical disc. Date of injury is September 21, 2009. Request authorization is July 13, 2015. The earliest progress note containing a topical capsaicin prescription is April 1, 2015. 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, 0375%) that is not recommended is not recommended. Consequently, retrospective topical Capsaicin 0.075% is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and guidelines non-recommendations for 0.0375%, retrospective topical Capsaicin 0.075% #1 date of service July 8, 2015 is not medically necessary.