

<b>Case Number:</b>	CM15-0181667		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/18/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male with a date of injury on 02-18-2007. The injured worker is undergoing treatment for cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy with degenerative disc disease, shoulder pain with impingement-status post-surgery, right hip pain with degenerative joint disease and carpal tunnel syndrome. A physician progress note dated 07-27-2015 documents the injured worker complains of neck pain and shoulder pain that is more bothersome that he rates as 8 out of 10 without meds and 2-3 out of 10 with medications. There is no acute change in his neck pain. He is not sleeping well. On examination, Patrick's test was positive into the right groin. Spurling's test was positive. Sensation was decreased to light touch in hand digits 1 to 3. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border and lumbar paraspinal musculature. Hawkins and O'Brien tests were positive in the left shoulder. There was also tenderness to palpation noted over the left bicipital tendon region. Treatment to date has included diagnostic studies, medications and he is status post left shoulder arthroscopic surgery and debridement to his left shoulder in August of 2014, physical therapy and a home exercise program. An unofficial Magnetic Resonance Imaging of the cervical spine (date unknown) showed disc bulge at C5-C6 with indentation of the left anterior thecal sac, and at C6- C7 a disc bulge with indentation of the thecal sac. An Electromyography of the bilateral upper extremities (date unknown) revealed evidence of moderate bilateral median neuropathy as well as cervical polyradiculopathy versus bilateral brachial plexopathy. A Magnetic Resonance Imaging of the right shoulder, date unknown, revealed full thickness tears of the central and

distal supraspinatus tendon. This demonstrated that there was subacromial and subdeltoid bursa fusion, moderate osteoarthritis of the acromioclavicular joint. Medications include Norco, Ambien and Capsaicin cream. On 08-26-2015 Utilization Review non-certified the request for Capsaicin cream 0.025% Qty 1 30 day supply.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin cream 0.025% qty 1 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with pain in the neck, bilateral shoulders, and low back. The request is for Capsaicin cream 0.025% Qty 1 30 day supply. Patient is status post left shoulder surgery, date unspecified. Physical examination to the lumbar spine on 06/29/15 revealed tenderness to palpation over the paraspinal musculature. Examination to the cervical spine revealed tenderness to palpation over the paraspinal musculature, upper trapezius muscles, and scapula border. Per 07/27/15 Request For Authorization, patient's diagnoses include cervicalgia, lumbago, shoulder pain, and hip pain. Patient's medications, per 08/24/15 Request For Authorization form include Capsaicin Cream, Ambien, and Norco. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide and further efficacy." The treater has not discussed this request. Review of the medical records provided indicates that the patient has been utilizing this medication since at least 06/29/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS recommends capsaicin only as an option in patients who have not responded or are intolerant to other treatments. In this case, the treater has not documented intolerance or lack of response to other treatments. This request is not in accordance with guideline indications. Therefore, the

request is not medically necessary.