

<b>Case Number:</b>	CM15-0198517		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/25/2006
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67-year-old female with a date of industrial injury 5-26-2006. The medical records indicated the injured worker (IW) was treated for pain in joint, forearm and epicondylitis, lateral. In the progress notes (8-11-15), the IW reported right elbow pain. She stated she had right elbow surgery in 2008, but symptoms continued. Medications were Capsaicin 0.075% cream (since at least 2014), Ketamine 5% (since at least 2014), Flexeril, gabapentin and Anaprox. On 8-20-15 she reported increased right elbow pain with swelling and tenderness and associated numbness and tingling with repetitive motion at the elbow, radiating to the fourth and fifth digits. On examination (8-11-15 and 8-20-15 notes), she had guarding and tenderness over the right upper extremity, which was difficult to assess. No swelling was noted in any extremity. Treatments included physical therapy, injections (helpful), TENS unit (helpful) and acupuncture (temporarily helpful). Her work status was 'permanent and stationary'. The A Request for Authorization dated 8-13-15 was received for Capsaicin 0.075% cream 60 grams, #1 and Ketamine 6% 60 grams, #1 (for date of service 08/11/15). The Utilization Review on 9-29-15 non-certified the request for Capsaicin 0.075% cream 60 grams, #1 and Ketamine 6% 60 grams, #1 (for date of service 08/11/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream 60gram #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The medical records submitted for review do not indicate osteoarthritis or back pain. As such, the request is not medically necessary.

**Ketamine 6% 60gram #1 (DOS 8/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** With regard to Ketamine MTUS states: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. As the documentation contains no evidence of second line analgesic trial such as TCA or SNRI, the request is not medically necessary.

