

<b>Case Number:</b>	CM15-0199728		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Emergency 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:

This is a 51 year old female with a date of injury on 10-8-14. A review of the medical record indicates that the injured worker is undergoing treatment for back, neck and knee pain. Progress report dated 7-9-15 reports continued complaints of neck pain with no improvement. Objective findings: cervical spine para-spinal spasm, tender to palpation, reduced bilateral median dermatomal distribution, range of motion is restricted. Lumbar spine: tender to palpation with restricted range of motion. Treatments include medications, physical therapy, treatment with neurologist and psychologist. Request for authorization dated 7-23-15 was made for Capsaicin 0.025 percent cream twice per day. Utilization review dated 9-17-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% Cream:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guideline, capsaicin is considered experimental but may be considered only with failure or intolerance of standard treatment. Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other first line treatment to even recommend a trial of capsaicin. Capsaicin is not medically necessary.