

<b>Case Number:</b>	CM15-0205434		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old female who sustained an industrial injury on 3-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, sprain-strain lumbar region, pain in lower leg joint, degeneration of lumbar or lumbosacral intervertebral disc, pain in ankle-foot joint and sprain-strain of neck. According to the progress report dated 6-17-2015, the injured worker complained of neck, right shoulder, low back, right knee and right ankle pain. She continued to use a right knee immobilizer, ankle sleeve and crutches. She reported relief and benefit from Cymbalta with mild incontinence and itching when using Cymbalta. The injured worker was seen on 7-2-2015 for refill of medications. Objective findings (6-17-2015) revealed an antalgic gait. There was right knee and ankle tenderness. Treatment has included right shoulder and knee injections, transcutaneous electrical nerve stimulation (TENS) unit, cognitive behavioral therapy and medications. Current medications (6-17-2015) included Ketamine cream, Diclofenac sodium cream and Cymbalta. Capsaicin 0.075% cream and Venlafaxine were prescribed on 7-2-2015. The request for authorization was dated 9-9-2015. The original Utilization Review (UR) (9-24-2015) denied a request for retrospective Capsaicin 0.075 percent cream 60 apply TID (DOS 7/02/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Capsaicin 0.075 percent cream 60 apply tid #1 (DOS 7/02/15): Overturned**

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

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

**Decision rationale:** The claimant sustained a work injury in March 2014 when she was working as a housekeeper and fell through a doorway down a flight of stairs. She is being treated for low back and right shoulder, knee, and ankle pain. When seen, she was participating in a functional restoration program. Topical Ketamine and Diclofenac were being prescribed. She was being seen for medication refills. There were no physical examination or subjective complaints recorded but there is reference to the progress reports from the functional restoration program which describe a lack of effect from the topical medications there were being prescribed. Authorization for topical capsaicin was requested. Capsaicin is believed to work through interference with transmission of pain signals through nerves. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. There is localized pain amenable to topical treatment. Capsaicin was medically necessary.