

<b>Case Number:</b>	CM15-0022361		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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:

The injured worker is a 44-year-old female, who sustained an industrial injury on 4/6/12. She reported injuries to neck, shoulders, upper back, both elbows, both hands, both knees and both feet. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain and right shoulder sprain/strain, left shoulder sprain/strain and right and left elbow sprain/strain. Treatment to date has included acupuncture, shockwave therapy, transdermal medications and oral medications. Currently, the injured worker complains of neck and upper back discomfort with burning sensation of upper back with prolonged sitting or standing and right and left shoulder pain. Upon physical exam, tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles is noted; tenderness to palpation of bilateral trapezii and thoracic paravertebral muscles, tenderness to palpation of the anterior and posterior right and left shoulder and tenderness to palpation of lateral elbow and medial elbow are noted. The treatment plan included manual acupuncture and Capsaicin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin Patch:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Capsaicin has an indication for chronic lower back pain in this context. 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 UR physician's rationale for denial was not available for review. Capsaicin patch is indicated for the injured worker's back pain, the request is medically necessary.