

<b>Case Number:</b>	CM15-0052828		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for a capsaicin-containing topical compounded agent. The applicant's attorney subsequently appealed. In an RFA form dated September 4, 2014, the applicant was given prescriptions for Flexeril and Ativan. The applicant's medication list was not detailed on progress notes of February 20, 2015 and March 6, 2015. The applicant was described as using oral diclofenac, Flexeril, and Ativan on January 28, 2015. The applicant was apparently working with restrictions in place. An elbow epicondylitis steroid injection was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream (containing Capsaicin 0.0375% and Tramadol): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

**Decision rationale:** No, the request for a topical compounded capsaicin-tramadol cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous or first line oral pharmaceuticals, including diclofenac and Flexeril, effectively obviated the need for the capsaicin-containing compound in question. Therefore, the request is not medically necessary.