

<b>Case Number:</b>	CM15-0054261		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/13/1991
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 injured worker is an 87 year old female, who sustained an industrial injury on 12/13/1991. Diagnoses include lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, left ankle pain, chronic pain, status post left ankle surgery and left trigger thumb. Treatment to date has included bilateral L4, L5 and S1 radiofrequency Rhizotomy with injection of local anesthetic and fluoroscopic guidance (10/14/2014), medications, diagnostics including magnetic resonance imaging (MRI), computed tomography (CT) scan and EMG (electromyography)/NCS (nerve conduction studies). Per the Pain Medicine Reevaluation dated 12/3/2014, the injured worker reported sharp low back pain with radiation down the left lower extremity. He pain radiates to the left buttock and is accompanied by intermittent numbness to the bilateral lower extremities and muscle weakness frequently at the bilateral lower extremities. She also reported lower extremity pain and pain in the left knee. Pain was rated as 4-6/10 with medications and 7-8/10 without medications. Physical examination revealed spasm in the right paraspinous musculature. The range of motion was moderately limited secondary to pain. There was decreased sensitivity to touch in the right lower extremity. Seated straight leg raise was positive on the left for radicular pain at 70 degrees and on the right for radicular pain at 60 degrees. Tenderness was noted upon palpation in the right paravertebral area L3-5 levels. The plan of care included medications and authorization was requested for Cyclobenzaprine 7.5mg, Hydrocodone/APA 10/325mg, Xolido cream and Capsaicin cream 0.025%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin cream 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 105.

**Decision rationale:** Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Capsaicin cream 0.025% is not medically necessary.