

<b>Case Number:</b>	CM15-0055930		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on December 4, 2012. The injured worker had reported right shoulder, right arm and left knee injuries related to a fall. The diagnoses have included adhesive capsulitis of the shoulder, shoulder impingement, closed fracture of Olecranon Process of the ulna, ulnar nerve lesion and derangement of joint not otherwise specified of the shoulder. Treatment to date has included medications and left knee surgery. No other prior treatment was noted in the documentation. Current documentation dated February 10, 2015 notes that the injured worker reported worsening left knee pain and swelling. She reported difficulty with standing, bending and walking. The injured worker also noted right shoulder pain. Physical examination of the left knee revealed tenderness to palpation of the joint line, edema and a restricted range of motion. Examination of the right shoulder revealed tenderness to palpation and a restricted range of motion, however, much improved from the prior visit. The treating physician's plan of care included a request for Capsaicin 0.025% cream, 120grams with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream, 120gm with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68; 63; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally MTUS recommends Capsaicin only in cases where a patient has been refractory to essentially all other treatment options. These guidelines have not been met; this request is not medically necessary.