

<b>Case Number:</b>	CM15-0060559		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 32 year old female, who sustained an industrial injury on 07/02/2009. Treatment to date has included x-rays, left ankle surgery and physical therapy. Diagnoses included left revision calcaneus nonunion. Currently, the injured worker complains of some pain in the lateral aspect of the foot, numbness and burning. The provider noted that the injured worker seemed to be dealing primarily with symptoms related to her sural nerve. She was referred for consultation and prescribed topical medication for sural nerve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream - Capsaicin 0.0375%, Menthol 5%, Camphor 2%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. Capsaicin in particular is indicated only when a patient has been refractory to extensive first-line treatment, which is not documented at this time. This request is not medically necessary.