

<b>Case Number:</b>	CM15-0083302		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 31 year old male, who sustained an industrial injury on 01/28/2014. He has reported injury to the neck and left shoulder. The diagnoses have included cervicalgia; cervical sprain; and left shoulder sprain. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 01/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain about his neck and left shoulder. It is noted in the documentation that physical therapy has been helpful to the neck and left shoulder. Objective findings included mild tenderness to palpation of the cervical spine; no tenderness to the left shoulder; he has full range of motion, but he has pain with range of motion; and he has pain with Neer and Hawkins impingement signs. The treatment plan has included the request for Voltaren gel 1% #5 tubes; 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:

**Voltaren gel 1% #5 tubes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for neck and left shoulder pain. When seen, there was cervical spine and left shoulder tenderness. There was positive impingement testing. Medications being prescribed included ibuprofen. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

**Capsaicin cream 0.025%:** Overturned

**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 (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for neck and left shoulder pain. When seen, there was cervical spine and left shoulder tenderness. There was positive impingement testing. Medications being prescribed included ibuprofen. Guidelines address the use of capsaicin which is believed to work through interference with transmission of pain signals through nerves. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He localized left shoulder pain that could be amenable to topical treatment. Therefore, capsaicin was medically necessary.