

<b>Case Number:</b>	CM15-0234869		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: 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 48 year old female, who sustained an industrial injury on 3-28-2014. The injured worker was being treated for other muscle spasm and other bursitis, not elsewhere classified, of the right hip. The injured worker (8-27-2015 and 9-24-2015) reported continued right hip and right lateral thigh pain. The physical exam (8-27-2015 and 9-24-2015) revealed an antalgic gait and limping with ambulation. The injured worker (10-22-2015) reported worsening of her chronic right hip and right lateral thigh pain. The medical records show the subjective pain rating from 7 out of 10 on 9-24-2015 to 8-9 out of 10 on 10-22-2015. The physical exam (10-22-2015) revealed an antalgic gait and limping with ambulation, right hip flexion past 90 degrees, full internal and external rotation, and pain with abduction and adduction. The treating physician noted right greater trochanteric bursal tenderness and deep right gluteal tenderness. Treatment has included physical therapy, a home exercise program, ice, heat, stretching, a right hip injection, a functional capacity evaluation, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (10-22-2015 report), the injured worker has not returned to work. The requested treatments included Capsaicin cream 0.075% cream. On 11-5-2015, the original utilization review non-certified a request for Capsaicin cream 0.075% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin cream 0.075% cream #1 (DOS 10/22/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient was injured on 03/28/14 and presents with right hip pain. The request is for CAPSAICIN CREAM 0.075% CREAM #1 (DOS 10/22/15). There is no RFA provided and the patient is permanent and stationary. MTUS Guidelines, Topical Analgesics Section, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS, page 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The patient is diagnosed with other muscle spasm and other bursitis, not elsewhere classified, of the right hip. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The request is for Capsaicin 0.075% cream, which is not supported by MTUS Guidelines. Therefore, the requested Capsaicin 0.075% cream IS NOT medically necessary.