

<b>Case Number:</b>	CM14-0144530		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who was injured on October 13, 2013. The patient continued to experience pain in her right upper extremity. Physical examination was notable for diffuse pain throughout the right trapezius and anterior aspect of the shoulder joint, and positive right Tinel's sign. Diagnoses included repetitive strain injury of the right upper extremity, myofascial pain of the trapezius and upper arm, rule out carpal tunnel syndrome versus pronator syndrome, and rule out shoulder tendinitis versus rotator cuff tear. Treatment included acupuncture, medications, and chiropractic treatment. Request for authorization for capsaicin/doxepin cream was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream, Doxepin 3.3% cream 60mg #1: 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 Pain Interventions and Guidelines, Page(s): page(s) 111-112.

**Decision rationale:** Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly

prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case the patient is not suffering from osteoarthritis or fibromyalgia. It is not recommended. Doxepin is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. They are not recommended as topical medications. It is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.