

<b>Case Number:</b>	CM14-0145574		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain, shoulder pain, wrist pain, and anxiety reportedly associated with cumulative trauma at work between the dates August 11, 2013 through March 25, 2014. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for a topical compounded capsaicin-containing compound. The applicant's attorney subsequently appealed. The articles at issue were seemingly endorsed via a request for authorization (RFA) form dated May 28, 2014. In a handwritten Doctor's First Report (DFR) of the same date, May 28, 2014, the applicant presented with low back, shoulder, hand, and finger pain with associated complaints of upper extremity paresthesias, psychological stress, and anxiety. Chiropractic manipulative therapy, acupuncture, a pain management referral, a lumbar support, a wrist brace, and the topical compounded cream at issue were endorsed while the applicant was placed off of work, on total temporary disability. It was noted that the applicant was alleging pain secondary to cumulative trauma at work. The note was very difficult to follow. There were no other clinical progress notes on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, and camphor 2% cream 240gm and diclofenac 25% and tramadol 15% cream 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the capsaicin-containing compound at issue are not recommended. In this case, no rationale for selection and/or ongoing usage of the capsaicin-containing compound at issue was proffered by the attending provider. It was not clearly stated why first-line oral pharmaceuticals could not be employed here. Therefore, the request is not medically necessary.