

<b>Case Number:</b>	CM14-0163202		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 chronic neck, knee, rib, and ankle pain reportedly associated with an industrial injury of April 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee meniscectomy surgery; earlier ankle surgery; massage therapy; psychological counseling; and topical agents. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for topical capsaicin. The claims administrator suggested that the applicant was concurrently using Celebrex, Topamax, Norflex, and topical Doxepin in its Utilization Review Report. In a May 23, 2014 progress note, the applicant reported ongoing complaints of knee pain, ankle pain, depression, anxiety, and tinnitus. The applicant had completed a functional restoration program (FRP), it was acknowledged. The applicant stated that his medications were diminishing his pain complaints by 40%. The applicant remained depressed, it was acknowledged. The applicant was using topical capsaicin, Protonix, Cymbalta, Relafen, Topamax, topical doxepin, Butrans, and Norflex. The applicant did not appear to be working with permanent limitations in place. Topical capsaicin was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line option, in applicants who have not responded to or are intolerant to other medications. In this case, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Cymbalta, Relafen, Norflex, Topamax, etc., effectively obviates the need for the capsaicin-containing topical compounded cream. Therefore, the request is not medically necessary.