

<b>Case Number:</b>	CM14-0156247		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. 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 38 year old male who sustained an industrial injury on 11/01/2011. On provider visit dated 08/28/2014 the injured worker has reported. On examination of the lumbar spine revealed paravertebral muscle tenderness, Spasm was present and sensation in left foot was noted as reduced. Sensation was reduced in the left L5 dermatomal distribution. Range of motion was restricted. Straight leg raise was positive on the left. Left ankle was noted to have tenderness to palpation, joint effusion was noted. The diagnoses have included lumbar radiculopathy and derangement of joint not otherwise specified of ankle and foot and anxiety disorders NOS. Treatment to date has included lumbar trigger point injections and medication. The provider requested Capsaicin 0.1% cream with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.1% cream with 2 refills (quantity unknown):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in November 2011 and continues to be treated for radiating low back and left ankle pain. When seen, there was decreased left lower extremity sensation including left foot sensation. There was decreased lumbar spine range of motion with muscle spasms and tenderness. He had positive left straight leg raising. There was ankle joint line tenderness with an effusion. Guidelines address the use of capsaicin which produces an analgesic effect which may be due to 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 has localized peripheral pain that could be amenable to topical treatment. Therefore, Capsaicin was medically necessary.