

<b>Case Number:</b>	CM15-0107071		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/20/2003
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 40-year-old male, who sustained an industrial injury on 8/20/03. The injured worker was diagnosed as having status post L5-S1 lumbar fusion with new onset of worsening low back and leg pain radiation, advanced degenerative disc with disc bulging and facet arthropathy and neuroforaminal stenosis, bilateral L4-5 lumbar facet arthropathy and left radiculitis. Treatment to date has included lumbar fusion surgery, radiofrequency ablation treatment, oral medication including Norco and Soma, lumbar epidural steroid injection and activity restrictions. Currently, the injured worker complains of sharp, shooting pain to left leg causing numbness, tingling and weakness rated 7-8/10. He notes his usual pain medication regimen is not providing him adequate pain relief. Physical exam noted moderate to severe tenderness over the lumbar paraspinal muscle and gluteus more on the left side, moderate to severe tenderness over the L4-5 and L5-S1 and restricted range of motion of lumbar spine. Sensory deficit is also noted to light touch over the bilateral L5-S1 dermatomes. The treatment plan included request for additional epidural steroid injections, increasing Norco to 3 times per day, refilling Soma and a prescription for Capsaicin topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.375 240 grams quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section Topical Analgesics Section Page(s): 28, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. There is no evidence that the injured worker has not responded well to, or is intolerant to other treatments, therefore, the request for capsaicin 0.375 240 grams quantity: 1 is determined to not be medically necessary.