

<b>Case Number:</b>	CM15-0013465		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2006. In a Utilization Review Report dated January 27, 2015, the claims administrator denied a request for a capsaicin-containing topical compound. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant was described as permanently partially disabled. No discussion of medication efficacy or medication selection transpired on this date. Similarly, on February 20, 2014, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was status post earlier lumbar fusion surgery. Medication selection and medication efficacy were not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Compound Medication: Capsaicin Hyaluronate, Camphor, Menthol (DOS: 12/1/14): 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 Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9.

**Decision rationale:** No, the request for a capsaicin-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in the applicants, who have not responded to or are intolerant of other treatments. Here, however, there was/is no mention of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals present in any of the admittedly few progress notes provided. Therefore, the request was not medically necessary.