

<b>Case Number:</b>	CM15-0018183		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: 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 52 year old female, who sustained an industrial injury on 12/07/2013. Diagnoses include shoulder impingement and radial styloid synovitis. Treatment to date has included medications and injections. Per the Primary Treating Physician's Progress Report dated 12/18/2014, the injured worker reported some improvement since the last exam. She received a left shoulder injection with improvement to her left shoulder pain. However, her range of motion is still restricted. Physical examination of the left shoulder revealed tenderness to palpation with restricted range of motion and positive impingement sign. Left wrist examination revealed tenderness to palpation of the first dorsal compartment. Phalen's, Finkelstein's and Tinel's tests were positive. The plan of care included physical therapy and oral and topical medications and authorization was requested for Capsaicin 0.025% cream, Naproxen Sodium 550mg, Orphenadrine ER 100mg and Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream #3:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for left upper extremity pain. When seen, she had ongoing restricted left shoulder range of motion. There was shoulder tenderness with positive impingement testing. She had left wrist tenderness with positive Tinel, Phalen, and Finkelstein tests. Medications being prescribed included naproxen, orphenadrine, omeprazole, and Capsaicin. She was referred for physical therapy. Guidelines address the use of capsaicin which is believed to work through 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. She has localized left shoulder and wrist pain amenable to topical treatment. Therefore, capsaicin was medically necessary.