

<b>Case Number:</b>	CM15-0114638		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 68 year old male who sustained an industrial injury on 07/31/2003. Diagnoses include long term use of medications, pain in the shoulder joint and lower leg joint pain. Treatment to date has included two left shoulder surgeries, one right shoulder surgery, ankle and knee surgery, and diagnostic studies. Medications include Hydrocodone/Acetaminophen, and Capsaicin cream. A physician progress note dated 04/22/2015 documents the injured worker has complaints of chronic knee and shoulder pain. He wishes to continue with conservative treatment. His pain increases with raising his shoulder and walking longer distances. Rest and medications decrease his pain. He usually takes 2 Norco a day and many times he takes 3 a day. It was recommended to change his medication to a longer acting medication, but he does not want to do this for fear of side effects. He has improvement in function, ability to stand, walk, and do activities above the shoulder level with medications as compared to without medications. On examination there is tenderness to palpation with both shoulders, and has a painful arc on the left side about 85 degrees, and on the right side at 90 degrees. There is tenderness over the right knee and the lateral aspect and the left knee on the medial aspect. He has full range of motion. There is some crepitus bilaterally. He has right ankle lateral tenderness. Treatment requested is for Retrospective DOS: 4/22/2015 Capsaicin 0.075% cream, three times a day, QTY 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 4/22/2015 Capsaicin 0.075% cream, three times a day, QTY 1:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 October 2010 and continues to be treated for chronic knee and shoulder pain. When seen, he was taking Norco 2-3 times per day. He was having dizziness and headaches. The assessment references improved standing and walking tolerances and improved ability to perform activities above shoulder level with medications. Physical examination findings included pain with shoulder range of motion. There was bilateral shoulder and knee tenderness. Use of a sustained release opioid was considered. Capsaicin was prescribed. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has only partially responded to Norco. He has localized peripheral pain that could be amenable to topical treatment. Therefore, the request was medically necessary.