

Case Number:	CM15-0118544		
Date Assigned:	06/26/2015	Date of Injury:	11/01/2012
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 11/01/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having adhesive capsulitis. Treatment and diagnostic studies to date has included status post left shoulder arthroscopic rotator cuff repair along with manipulation under anesthesia and a medication regimen. In a progress note dated 04/10/2015 the treating physician reports complaints of continued pain and stiffness to her left shoulder along with difficulty sleeping. Examination reveals limited range of motion to the left shoulder and tenderness to the left shoulder. The injured worker's medication regimen included Gabapentin, Capsaicin cream, Tramadol/Acetaminophen, Methocarbamol, Norco, and Percocet. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen, but the treating physician noted that the use of the medication Capsaicin did offer some pain relief allowing the injured worker to sleep more comfortably. The treating physician requested the medication of Capsaicin 0.075% cream with a quantity of 2 with the treating physician indicating use of this medication along with Gabapentin for neuropathic symptoms and insomnia secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 28, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Capsaicin 0.075% cream #2 is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnosis is adhesive capsulitis shoulder. The date of injury is November 1, 2012. The earliest progress note with a clinical entry for Capsaicin 0.075% is dated November 19, 2014. The injured worker is status post shoulder arthroscopy (left) and has chronic left shoulder pain. Additional medications include gabapentin, tramadol, Methocarbamol and Norco 5 mg. The most recent progress of the medical record is dated May 8, 2015. The treating provider is still prescribing Capsaicin 0.075%. There is no documentation demonstrating objective functional improvement. There is no documentation indicating first-line treatment failure with antidepressants and anticonvulsants. Consequently, absent clinical documentation with first-line treatment failure (antidepressants and anticonvulsants) and evidence of objective functional improvement with ongoing topical analgesics, topical Capsaicin 0.075% cream #2 is not medically necessary.