

<b>Case Number:</b>	CM15-0127607		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 59 year old female, who sustained an industrial injury on 04/27/2001. She developed complaints of back pain. Treatment to date has included mediations, surgery, TENS, injections and therapy. According to a progress report dated 05/26/2015, the injured worker presented for a postoperative appointment following her facet medial branch block performed on 05/09/2015. Pain level had been reduced by 50% which lasted for about 2 days. During those 2 days, she had significant increase in her function. Now that the facet injection had worn off, her pain level was back to baseline and her functional level was reduced from what she was able to do during those 2 days with pain relief. Diagnoses included spondylosis lumbosacral, sciatica, syndrome post-laminectomy lumbar, pain psychogenic not elsewhere classified and long term use of meds not elsewhere classified. Prescriptions were given for Capsaicin 0.075% cream to be applied to affected area three times a day, Morphine Sulfate ER 15mg twice a day for 10 days then increase to three times a day x 20 days, Mirtazapine 15 mg one table at night for sleep- antidepressant and Lidoderm 5% patch to be applied 12 hours on and 12 hours off. Buprenorphine was discontinued. The injured worker was permanent and stationary with permanent disability. The provider noted that Gabapentin did cause gastrointestinal upset in the past. Medications affecting her liver were being avoided due to history of hepatitis C. Currently under review is the request for retrospective request for Capsaicin 0.075% 60 grams quantity 1 date of service 05/26/2015. A previous progress report dated 03/25/2015 noted that Gabapentin was discontinued due to intolerable reflux.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin 0.075% 60gm Qty 1 DOS 05/26/2015: 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 Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. MTUS guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primary studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia and chronic non-specific back pain, but it should be considered experimental in very high doses. Although Capsaicin has moderate to poor efficacy, it may be particularly useful (along or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case the injured worker tried and failed Gabapentin. There was no discussion of trial and failure of other anti-convulsant therapy or first line antidepressant agents. Site of application was not specified. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.