

<b>Case Number:</b>	CM15-0128656		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/03/2007
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 74-year-old male who sustained a work related injury January 3, 2007. Past history included hypertension, diabetes, and stroke (no noted residual). According to a pain and rehabilitative physician's progress report, dated June 2, 2015, the injured worker presented with chronic and continued pain in the shoulder, neck, and lower back. He uses Norco twice daily with 65-70% relief of pain, allowing him to continue to volunteer and tolerate increased activity. He will complete the remainder of his acupuncture treatment, once he returns from vacation. He has an antalgic gait and objective findings are within normal limits. Current medication included Capsaicin, Pantoprazole, Hydrocodone-APAP, Aggrenox, Metformin Hydrochloride, Welchol, Gabapentin, and Lisinopril. Diagnoses are cervical and lumbar disc displacement without myelopathy; pain in joint, shoulder; cervical disc degeneration; lumbar-lumbosacral disc degeneration. At issue, is the request for authorization for Capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin cream 0.075%, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, the Capsaicin amount exceeds the amount recommended. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, the claimant still required oral analgesics as well. Therefore, the Capsaicin .075% is not medically necessary.