

<b>Case Number:</b>	CM15-0171962		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 43-year-old female, who sustained an industrial injury on 3-27-13. Medical record indicated the injured worker is undergoing treatment for brachial neuritis or radiculitis, shoulder impingement, carpal tunnel syndrome and gastroduodenal disorders. Treatment to date has included physical therapy, home exercise program, oral medications including Naproxen 550mg, Omeprazole 20mg, Carisoprodol 350mg and Tylenol with Codeine #3 300-30mg and topical Capsaicin .025% cream; chiropractic treatments and activity modifications. On 8-17-15, the injured worker reports worsening right shoulder pain and right elbow pain. Physical exam performed on 7-13-15 and 8-17-15 revealed tenderness to palpation and effusion of right elbow; paravertebral muscle tenderness of cervical spine with spasm and restricted range of motion and restricted range of motion of shoulders along with reduced sensation in bilateral median nerve distribution of wrists. The treatment plan included continuation of medications with refills of Naproxen 550mg, capsaicin 0.025% and Carisoprodol 350mg and completion of chiropractic care. On 8-27-15, utilization review non-certified a request for Capsaicin cream noting there is no documentation that the injured worker cannot tolerate oral medications or has failed first line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per MTUS p 112 "Indications: 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 topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The medical records indicate that treatment to date has included physical therapy, home exercise program, and oral medications. There was no evidence suggesting that the injured worker cannot tolerate oral medications or has failed first-line therapy. The request is not medically necessary.