

<b>Case Number:</b>	CM15-0177901		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina

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 51 year old female, who sustained an industrial injury on June 23, 2014. Several documents are included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbar disc displacement without myelopathy, lumbosacral neuritis not otherwise specified, and ankle deltoid sprain and strain. Medical records (May 19, 2015 to July 30, 2015) indicate ongoing right ankle pain, swelling, and burning sensations radiating up her legs, which is worsening. The pain is constant and is worsened by standing, walking, and walking up steps. The pain is partially relieved by rest and medications. The injured worker reported her Ultracet (pain medication) was ineffective, Buprenorphine (pain medication) mildly improves her pain, and Gabapentin allows her to sleep. The physical exam (May 19, 2015 to July 30, 2015) reveals an antalgic gait, right lateral ankle swelling, and tenderness of the right lateral, medial and plantar surface of the right ankle and foot. There is tenderness of the talofibular ligaments. Per the treating physician (July 30, 2015 report), an MRI of the right ankle was performed on September 28, 2015, which revealed a deficient anterior talofibular ligament, a sprained deep component of the deltoid ligament, an inflammatory signal in the spring ligament complex, and posterior tibial tendinosis and tenosynovitis. Surgeries to date have included repair of right lateral ligaments on January 21, 2015. Treatment has included at least 12 sessions of postoperative physical therapy, a home exercise program, off work, Cam walker, daily dressing changes, ace wrap, crutches, non-weight bearing, and right ankle ankle-foot orthosis (AFO), activity modifications, and medications including oral pain (Ultracet and Buprenorphine), topical pain (Capsaicin 0.075% cream since at least April 2015), anti-epilepsy (Gabapentin), and non-steroidal anti-inflammatory (Naprosyn). Per the treating physician

(July 30, 2015 report), the employee has not returned to work since January 16, 2015. The requested treatments included Capsaicin 0.075% cream. On August 13, 2015, the original utilization review non-certified/partially approved a request for Capsaicin 0.075% cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Capsaicin 0.075% cream DOS: 7/30/15: 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): Capsaicin, topical.

**Decision rationale:** The California MTUS section on capsaicin states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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 number needed to treat in musculoskeletal conditions was 8.1. There is no documentation of poor response or poor tolerance to first line chronic pain treatments. Therefore, the request is not medically necessary.