

<b>Case Number:</b>	CM15-0091636		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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:

Certification(s)/Specialty:

### 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 was a 65 year old male, who sustained an industrial injury, August 23, 2006. The injury was sustained while delivering a package to a customer's door. The injured worker missed stepped on a step outside and fell landing on the left knee. The injured worker previously received the following treatments Tylenol EX, Aspirin, Diclofenac cream, Capsaicin cream, left knee MRI, let knee surgery and chronic left knee pain. The injured worker was diagnosed with pain in the joint of the lower extremity, degenerative joint disease in the left knee, right knee pain low back pain. According to progress note of February 20, 2015, the injured workers chief complaint of pain 6-7 out of 10. The injured worker stated after sitting for a while and getting up from a seated position the pain was worse. The pain was aggravated by prolonged walking or going up stairs. The injured worker used creams for local relief of the pain, which have been helpful. The physical exam noted the normal muscle tone of the left lower extremity and normal range of motion. There was positive foot drop and positive patella grind of the left lower extremity. There was left knee tenderness around the joint line. The treatment plan included retrospective usage of Capsaicin 0.75% 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% (retro DOS 2/12/15): 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): 28-29, 112-3.

**Decision rationale:** Regarding this request, the CPMTG state the following: "Capsaicin, topical 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. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004) The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for OA pain. (Altman, 1994)" The request for this formulation of capsaicin is greater than the recommended concentration of 0.025%. The higher concentrations have been studied only in the context of diabetic and post-herpetic neuralgia. Given this, this request is not medically necessary.