

Case Number:	CM13-0015837		
Date Assigned:	11/06/2013	Date of Injury:	07/07/2010
Decision Date:	01/13/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36-year-old gentleman who became employed by [REDACTED] for 3 days when he was injured. He fell from a ladder on 07/07/10 and broke his right leg. He was diagnosed with a displaced tibial fibular fracture. He had intramedullary nailing of the right tibial fibular fracture. He continued to have pain primarily in his right knee. He was worked up with MRI of the right knee which did not show any significant intra-articular problems. The right knee MRI was repeated and it did show some postsurgical changes involving the tibial patellar tendon. Surgery was suggested, but he decided not to proceed with surgery. He states that over time he also developed some left knee pain. His past treatment included physical therapy, chiropractic therapy, HEP and medication management. He continues to complain of ongoing low back, right knee pain and ankle pain. He utilizes Buprenorphine sublingual troches for severe pain and capsaicin for topical pain relief. However Capsaicin was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075 cream.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines: MTUS page 28, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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) .There is no documentation that this patient painful condition is intolerant or not responsive to other treatments prescribed, hence the prescription of capsaicin 0.075mg cream is not medically necessary.