

Case Number:	CM13-0026448		
Date Assigned:	11/22/2013	Date of Injury:	11/22/2011
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of November 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; extensive periods of time off of work; prior knee surgeries; and unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture over the life of the claim. In a utilization review report of August 30, 2013, the claims administrator denied a request for topical capsaicin gel. The applicant's attorney later appealed. The applicant did undergo later arthroscopic lysis of adhesions of the right knee and removal of indwelling femur hardware on October 28, 2013, it is incidentally noted. The applicant was described as using oral Naprosyn as well as topical lidocaine on an office visit of October 16, 2013, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin gel 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in those individuals who have not responded to and/or are intolerant to treatments. In this case, however, there is no evidence of intolerance to and/or failure of other treatments. The applicant is seemingly using first line oral pharmaceuticals, including Naprosyn, without any reported difficulty, impendent and/or impairment, effectively obviating the need for the topical capsaicin gel. Therefore, the request is not certified.