

Case Number:	CM13-0045855		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2008
Decision Date:	02/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 New York. 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 patient is a 59 year old man who tripped and fell while carrying mail getting out of an elevator on 7/16/08 landing on his right knee and right elbow. He had medial meniscal and PCL tears, as well as medial compartment changes and underwent arthroscopic surgery. He has chronic knee pain and using medications to control pain, including narcotics, skeletal muscle relaxants and topical Capsaicin 0.075%. He has also had a knee injection. He is apparently a candidate for a total knee arthroplasty for OA, but has chosen to continue with medication management at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin 0.075% cream dispensed 3/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 27-28.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin at this strength (0.075%) is not recommended by the MTUS Chronic Pain Guidelines.

Consequently, the request for retrospective Capsaicin 0.075% cream dispensed 3/27/13 is not medically necessary and appropriate.