

Case Number:	CM14-0100539		
Date Assigned:	09/29/2014	Date of Injury:	04/26/2012
Decision Date:	10/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 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/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 injured worker is a 56-year-old male who reported an injury on 04/26/2012. Diagnoses included cervicalgia and lumbago. The previous treatments included medications, chiropractic sessions, and physical therapy. Within the clinical note, dated 03/18/2014, it was reported the injured worker complained of left knee pain and left lower extremity pain. Upon the physical examination, the provider noted the injured worker had left knee pain to palpation. The injured worker had a positive grind test and a McMurray's test. The request submitted is for Capsaicin 0.0075, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity 120 30 days' supply (DOS 3/14/14), Capsaicin 0.025%, lidocaine 2%, camphor 5%, gabapentin 10%, menthol 10%, aloe vera 0.5% (patch) Quantity: 120 30 day supply (DOS 3/14/14), Capsaicin 0.0075%, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity: 120 30 days' supply (DOS 4/25/14); however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.0075, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity 120 30 days supply (DOS 3/14/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request for Capsaicin 0.0075, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity 120 30 days' supply (DOS 3/14/14) is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended for patients who have not responded or are intolerant to other treatments. There have been no studies of an increase over 0.025 formulation that would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site and the frequency of the medication. Therefore, the request is not medically necessary.

Retrospective request for Capsaicin 0.025%, lidocaine 2%, camphor 5%, gabapentin 10%, menthol 10%, aloe vera 0.5% (patch) Quantity: 120 30 day supply (DOS 3/14/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request for Capsaicin 0.025%, lidocaine 2%, camphor 5%, gabapentin 10%, menthol 10%, aloe vera 0.5% (patch) Quantity: 120 30 day supply (DOS 3/14/14) is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended for patients who have not responded or are intolerant to other treatments. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Gabapentin is not recommended for topical application. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted failed to indicate the injured worker had tried and failed a first line therapy. Additionally, the request submitted failed to provide the treatment site and the frequency of the medication. Therefore, the request is not medically necessary.

Retrospective request for Capsaicin 0.0075%, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity: 120 30 days supply (DOS 4/25/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The retrospective request for Capsaicin 0.0075%, hyaluronic acid 0.24, camphor 0.6, menthol 4.2 Quantity: 120 30 days' supply (DOS 4/25/14) is not medically necessary. The California MTUS Guidelines note topical NSAIDS are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended for patients who have not responded or are intolerant to other treatments. There have been no studies of an increase over 0.025 formulation that would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site and the frequency of the medication. Therefore, the request is not medically necessary.