

Case Number:	CM14-0015029		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2009
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 American Board of Neurological surgery 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 employee is a 54-year-old female who states that she sustained a work related injury on December 14, 2009. The most recent note indicated that there was a chief complaint of left knee pain and left hip pain. It was stated there was an 80% decrease in pain from a previous cortisone injection. Current medications included capsaicin cream, capsaicin lotion, Probiotics, Premarin, Furosemide and hydrochlorothiazide. The physical examination noted prior surgical scars on the right knee and left hip. There was mildly decreased left hip range of motion and tenderness over the greater trochanteric area. There was moderate left knee tenderness with mild crepitus. Slightly decreased left hip and knee strength was noted. There was normal sensation and reflexes bilaterally in the lower extremities. An MRI of the lumbar spine dated, September 22, 2010, noted bilateral pars defects at L5-S1 without spondylolisthesis and small synovial cysts on the left at L3-L4 and on the right at L4-L5 without degenerative changes. X-rays of the left hip dated June 9, 2010, noted mild uncovering of the left femoral head and mild joint space narrowing. An MRI of the left knee noted interest substance degeneration of the posterior horn of the medial meniscus and patellofemoral joint chondral cysts as well as a popliteal cyst. There was a diagnosis of left hip pain status post arthroscopy, right knee pain arthroscopy with debridement of a ganglion cyst and partial lateral meniscectomy, myofascial pain of the left hip, and internal derangement of the left knee. There was a request for a cortisone injection to the left knee and capsaicin cream 0.075%

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Cortisone injections, updated June 5, 2014.

Decision rationale: According to the medical records provided, the injured employee has received short-term relief from three previous steroid injections to the left knee in the past nine months. The Official Disability Guidelines (ODG) only recommend a maximum of three injections for the knee. Without specific justification for additional injections for the left knee, this request for cortisone injection for the left knee is not medically necessary.

CAPSAICIN CREAM 0.075%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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). The attached medical record contains no diagnosis of osteoarthritis of the left knee nor is there any evidence of this on objective studies. As capsaicin is only recommended at the 0.025% strength for osteoarthritis, this request for capsaicin cream 0.075% strength is not medically necessary.