

Case Number:	CM14-0170312		
Date Assigned:	10/20/2014	Date of Injury:	03/07/2012
Decision Date:	11/24/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old male with a 3/7/12 date of injury, when he injured his knees due to continued trauma. The patient was seen on 7/7/14 with complaints of unchanged 6/10 left knee pain and 8/10 right knee pain with locking and popping sensations. Exam findings revealed blood pressure of 131/80, heart rate of 87 and weight of 225 pounds. The diagnosis is status post bilateral knee surgery. Treatment to date: Synvisc injections, physical therapy, icing, exercises, psychiatric treatment, work restrictions and medications. An adverse determination was received on 9/26/14 for lack of documented outcome of first-line therapeutic options such as SSRIs (selective serotonin reuptake inhibitors) or anti-seizure medications for the control of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microsome base cream that includes Methyl Salicylate, Menthol, Capsaicin 0.0375%
Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested compound medication contained capsaicin in a formulation 0.0375%, which is not supported for a topical use due to the guidelines. Therefore, the request for Microsome base cream that includes Methyl Salicylate, Menthol, Capsaicin 0.0375% Quantity: 120 is not medically necessary.