

Case Number:	CM14-0037649		
Date Assigned:	06/25/2014	Date of Injury:	04/13/2013
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with date of injury of 04/13/2013. According to this report, the patient is complaining of pain in his right foot. The pain is localized more over the right Achilles tendon and over the dorsum of the right foot. He describes a constant dull and achy pain which becomes sharp and stabbing at times. He rates his overall pain 5/10 to 6/10, and he states that he has intermittent swelling of his right Achilles tendon area as well as in his entire foot. He states that most of his activities including prolonged standing and walking aggravates his pain. Rest, medication, lying down, and ice have been helpful to relieve the pain. The patient also states that ibuprofen has been overall helpful. The physical exam shows the patient has an antalgic gait and uses a cane for ambulation. The right foot and ankle shows a previous scar from surgery which has healed. He has mild swelling over the right Achilles tendon area as well as over the right foot. He has tenderness over the entire Achilles tendon; however, there are no signs of Achilles tendon discontinuity or tear. He has about 70-80% right ankle dorsiflexion and plantarflexion with moderate muscular spasms and guarding. Sensation over his right foot and ankle appears to be normal to touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Topical Cream 120gm Prescribed on 2/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 29; 111.

Decision rationale: The MTUS Guidelines on topical analgesics recommend this as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. MTUS on Capsaicin states that it is generally available as a 0.025% formulation as treatment for osteoarthritis and a 0.075 formulation primarily used for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain. In this case, the patient does not present with neuropathic pain. Furthermore, the treating physician documents that the patient's utilization of ibuprofen has been overall helpful. MTUS recommends topical capsaicin as an option for patients who have not responded or are intolerant to other treatments. The request is not medically necessary.