

Case Number:	CM14-0055182		
Date Assigned:	07/07/2014	Date of Injury:	01/24/2007
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational 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:

Patient is a 71 year-old female with date of injury 01/24/2007. The primary treating physician's progress report, dated 03/17/2014, lists subjective complaints as left ankle and low back pain. No examination of the lumbar spine or left ankle was documented. The report states that the capsaicin cream works to relieve the pain in her ankle. The injured workers diagnosis is as follows, Pain in the joint, ankle, foot, Pain psychogenetic NEC, and status post ORIF left ankle bi-malleolar. The medical records provided for review document that the patient has been taking Capsaicin 0.075% for last 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream Apply Three Times A Day Quantity 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments therefore this request is not medically necessary.

