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| Case Number: | CM14-0059482 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 05/10/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male who reported an injury on 05/10/2012. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with right knee pain. Prior treatment included physical therapy, surgery, home exercise, and medications. Currently, the injured worker is only using heat and ice for pain. Upon examination, the injured worker does not exhibit any acute distress, anxiety, confusion, fatigue, lethargy, or pain. The diagnosis was pain in the joint of the lower leg. The provider recommended 1 prescription of capsaicin 0.075% cream. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Capsaicin 0.075% cream #1 between 4/2/14 and 6/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The request for 1 prescription of capsaicin 0.075% cream #1 between 04/02/2014 and 06/21/2014 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended for injured workers who are intolerant to or unresponsive to other medications. A complete and adequate pain assessment was not provided for the injured worker. Additionally, there is lack of evidence that the injured worker is intolerant to or unresponsive to other treatments. Currently, the injured worker's treatment plan includes applications of ice, and there was no evidence of pain within the physical examination provided. Additionally, the provider's request does not indicate the frequency or the site that the capsaicin cream was indicated for in the request as submitted. As such, the request is not medically necessary.