

Case Number:	CM14-0080176		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2003
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation 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 worker is a 71-year-old female who reported an injury on 10/14/2003. The mechanism of injury was not provided for clinical review. The diagnoses included status post left ankle open reduction and internal fixation, left ankle post-traumatic arthritis, status post removal of retained symptomatic hardware. Previous treatments include medication, icing, home exercise, surgery. Within the clinical note dated 03/20/2014, it was reported the injured worker complained of constant increase in left ankle pain and cramping. Upon the physical examination, the provider noted tenderness at the left ankle with decreased range of motion. The request submitted is for menthol/camphor/capsaicin/hyaluronic acid. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol/Camphor Capsaicin/Hyaluronic Acid 3.5% 0.5% .006% 0.2% (Cooleeze)
(quantity) QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111- 112.

Decision rationale: The injured worker complained of constant increase of pain in the left ankle with cramping. California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is available in 0.025% formulation. There are no studies stating that an increase over 0.025% formulation would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted fails to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 07/2013, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.