

Case Number:	CM14-0188792		
Date Assigned:	11/19/2014	Date of Injury:	07/18/2001
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice 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 52-year-old female, with a reported date of injury of 07/18/2011. The current diagnoses include right hip trochanteric bursitis, right hip osteoarthritis, and right hip labrum tear. The past diagnoses include right knee internal derangement, probable lateral meniscal pathology and multiple lumbar disc pathologies with degenerative spondylolisthesis L4-L5 and L5-S1; total right knee replacement on 02/24/2013; left knee degenerative changes; and right hip anterior superior and posterior superior labral tear, with mild osteoarthritis. Treatments included Norco 10/325 mg; Naproxen 550 mg; right bursa steroid injection on 08/07/2014, with minimal relief; physical therapy; right hip x-ray on 08/07/2014, which showed degenerative changes in the hip and no fractures, acute bony pathology, or dislocations; an MRI of the left knee on 08/26/2011; and an magnetic resonance imaging (MRI) of the right hip on 11/12/2011. The medical records do not include copies of the MRIs, or x-ray reports. The progress report (PR-2) dated 09/18/2014 indicates that there was 0% improvement to the right hip. The injured worker complained of pain in the right hip that started 2 years prior, after undergoing therapy for the right knee replacement. She described burning pain in the right hip, and mentioned stiffness in the groin area. The injured worker was restricted on her movements due to the pain, was able to lie on her right hip, and rated her right hip pain at 7 out of 10. The physical examination of the right hip showed tenderness to palpation over the greater trochanteric bursa, no pain with range of motion, no instability with manipulation or weight-bearing, normal sensation, normal strength, normal deep tendon reflexes, and 2+ pulses in the dorsalis pedis and posterior tibial arteries. The active and passive range of motion both revealed flexion at 100 degrees; extension at 30 degrees; abduction at 45 degrees; adduction at 30 degrees; external rotation at 50 degrees; and internal rotation at 40 degrees. The treating physician noted that the injured worker has not reached maximal medical improvement, she

continued to be temporarily totally disabled, and was not able to return to work. The treating physician has prescribed the Capsaicin cream with cyclobenzaprine for inflammation. On 10/08/2014, Utilization Review (UR) denied the request for Capsaicin cream 0.05% plus Cyclobenzaprine 4%. The UR physician cited the MTUS Guidelines, and noted that cyclobenzaprine is a muscle relaxer, and there is no evidence for use of any muscle relaxant as a topical product. The guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.05% plus Cyclo 4%: Upheld

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

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

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Capsaicin is recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In addition, the guidelines state that topical muscle relaxants are also not beneficial. Based on the above, the compound containing: Capsaicin cream 0.05% plus Cyclo 4% is not medically necessary.