

Case Number:	CM14-0200732		
Date Assigned:	12/11/2014	Date of Injury:	03/10/2007
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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:

According to the records made available for review, the injured worker is a 52 year-old male with a date of injury of 03/10/2007. The results of the injury have included bilateral knee pain and lumbar spine pain. Diagnoses have included chronic right knee pain status post arthroscopic surgery with persistent pain; right knee tear posterior horn, lateral meniscus; left knee pain secondary to limping in the right lower extremity; degenerative joint disease, bilateral knees, with osteoarthritis; and chronic sprain/strain of the lumbar support. Diagnostic studies were not made available for this review. Treatments to date have included medications, bilateral hinged-knee braces, lumbar spine support brace, and home exercise regimen. Medications have included Prilosec, Neurontin, Norco, Xanax, and Capsaicin cream. A progress note from the treating physician, dated 06/02/2014, documented an updated reevaluation after being declared permanent and stationary. Subjective data reported by the injured worker included bilateral knee pain radiating to the feet, associated with tingling sensation; low back pain radiating to the upper back; bilateral shoulder pain, associated with numbness and tingling sensation on the right; and sleep interruption and difficulty falling asleep. Objective data include left knee tenderness upon palpation over the prepatellar area with positive patellar tracking and retropatellar crepitus, positive for McMurray's test and Apley's test; right knee tenderness upon palpation over the prepatellar area with patellar tracking and retropatellar crepitus, and positive McMurray's, Apley's, and valgus stress test; and tenderness over the paralumbar and gluteus muscles bilaterally. A progress note from the treating physician, dated 09/15/2014, describes the medication regimen to be continued by the injured worker. At that time, the injured worker was prescribed Norco, Prilosec, Neurontin, Xanax, and Capsaicin cream. Request is being made for Capsaicin Cream .025 Percent #1. On 11/04/2014, Utilization Review non-certified a prescription for Capsaicin Cream .025 Percent #. Utilization Review non-certified a prescription for

Capsaicin Cream .025 Percent # based on the medication being non-medically necessary. The UR includes that documentation did not include subjective complaints and objective findings to determine the medical necessity, and there is no documentation of significant change in VAS score or functional improvement noted with continuing the medication. Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines (2009): Topical Analgesics: Capsaicin. Application for independent medical review was made on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream .025 Percent #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Capsaicin cream 0.025% with one refill is not medically necessary. Topical and logistics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the injured worker's working diagnoses her history of chronic right knee pain status post arthroscopic surgery with persistent pain; tear, posterior horn, lateral meniscus right knee; history of left knee pain secondary to limping in the right lower extremity; degenerative joint disease, bilateral knees; chronic sprain/strain, lumbar spine; hypertension; and insomnia. The documentation indicates Capsaicin cream 0.025% was prescribed. The documentation is unclear whether this is a refill or a new prescription. The documentation does not show evidence of objective functional improvement with continued Capsaicin cream use over the subsequent months. Additionally, the area being treated is not documented in the medical record. The documentation does not reflect whether the injured worker is intolerant to other conservative measures, such as non-steroidal anti-inflammatory drugs. Consequently, absent the appropriate clinical indications and evidence of objective functional improvement, Capsaicin cream 0.025% with one refill is not medically necessary.