

Case Number:	CM14-0038547		
Date Assigned:	06/27/2014	Date of Injury:	10/25/2013
Decision Date:	03/25/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old male, with a reported date of injury of 10/25/2013. The results of the injury were left knee pain and right knee pain. The diagnoses include status post left knee arthroscopic surgery and right elbow medial epicondylitis. Treatments have included Anaprox, and a left knee arthroscopy on 04/05/2014. The medical records provided for review do not include the medical report from which the request originates. Diagnostic test results were not included in the medical records provided for review. The progress report dated 09/17/2014 indicates that the injured worker complained of left knee pain, right knee pain, and buckling of the knee with walking. He rated the pain 5 out of 10. The objective findings of the left knee included well-healed surgical incisions; range of motion at 0-125 degrees; and knee stable to medial collateral, lateral collateral, and anterior and posterior drawer tests. On 03/24/2014, Utilization Review (UR) denied the request for capsaicin compound 120mg container QTY: 1.00. The UR physician noted that there was no documentation of which body part the medication is to be applied to; a diagnosis of neuropathic pain or osteoarthritis; the intolerance of first line oral analgesics; or the concentration of the capsaicin to be used in the compound. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin compound 120g container, per 3/10/14; Quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical, Capsaicin Page(s): 111-113.

Decision rationale: MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Therefore, the request for Capsacin compound 120g container, per 3/10/14; Quantity 1.00 is not medically necessary.