

Case Number:	CM15-0107622		
Date Assigned:	06/12/2015	Date of Injury:	02/14/2008
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 2/14/08. She reported a back and bilateral knee injury after being struck by a car. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, degeneration of lumbar disc, chronic pain, chondromalacia patella of left knee and cervical disc displacement without myelopathy. Treatment to date has included TENS unit, oral medications including Gabapentin, Venlafaxine, ibuprofen, chlorthalidone and multivitamin; topical capsaicin cream, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine revealed L5-S1 extrusion and L5 radiculopathy. Currently, the injured worker complains of low back with radiation to right lower extremity, rated 6-7/10 with medications and 9/10 without medications. She notes continued weight loss, improved mood and improved low back symptoms. She may work with modifications. Physical exam noted morbid obesity and spasm and guarding of lumbar spine with antalgic gait. The treatment plan/request for authorization included TENS unit supplies for 6 months and prescriptions for Capsaicin cream, Glucosamine-Chondroitin, Venlafaxine Hcl and Gabapentin tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin 0. 075% cream, #2 (apply 3 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

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, Topical Capsaicin 0.075% #2 (apply 3 times a day) is not medically necessary. Topical analgesics are largely experimental with you 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 that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; degeneration lumbar/lumbosacral disc; chronic pain NEC; chondromalacia patella syndrome left knee; and cervical disc displacement without myelopathy. Capsaicin first appeared in a progress note dated October 24, 2014. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. The request is for Capsaicin 0.075% and is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.075%) that is not recommended is not recommended. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Consequently, absent guideline recommendations for Capsaicin 0.075%, Topical Capsaicin 0.075% #2 (apply 3 times a day) is not medically necessary.

Glucosamine-Chondroitin 500-400mg, #90 (1 tablet 3 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Glucosamine.

Decision rationale: Pursuant to the Official Disability Guidelines, Glucosamine - Chondroitin 500/400 mg #90 (1 PO TID) is not medically necessary. Glucosamine/ Chondroitin is recommended as an option (Glucosamine Sulfate only) given its low risk in patients with moderately pain. For additional details, see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; degeneration lumbar/lumbosacral disc; chronic pain NEC; chondromalacia patella syndrome left knee; and cervical disc displacement without myelopathy. Glucosamine first appears in a progress note dated October 24, 2014. In a follow-up progress note dated April 24, 2015, the subject of documentation indicates the injured worker has low back pain that radiates to the right lower extremity. The radiating pain involved the lateral side of the leg to the ankle. There are no subjective complaints of knee pain. Objectively, there is no knee examination. There are no clinical findings of tenderness, crepitus or bony abnormalities. There are no plain radiographs documenting osteoarthritis. The diagnosis listed is chondromalacia patella

syndrome left knee. Glucosamine sulfate is recommended for moderately pain (osteoarthritis). Additionally, there was no documentation demonstrating objective(s) improvement with ongoing Glucosamine/Chondroitin. Consequently, absent clinical documentation would subject of an objective complaints referencing the knee with clinical documentation of osteoarthritis, Glucosamine-Chondroitin 500/400 mg #90 (1 PO TID) is not medically necessary.