

Case Number:	CM15-0133438		
Date Assigned:	07/21/2015	Date of Injury:	08/23/2006
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male with an industrial injury dated 08-23-2006. The injured worker's diagnoses include pain in lower leg joint and chronic bilateral knee pain status post left knee surgery. Treatment consisted of diagnostic studies, prescribed medications, functional restoration program, single point cane, home exercise therapy and periodic follow up visits. In a progress note dated 06-15-2015, the injured worker reported chronic bilateral knee pain. The injured worker reported that he does utilize Capsaicin cream which helps with pain and function. Objective findings revealed antalgic gait with use of cane for ambulation. Bilateral knee exam revealed crepitus with grinding, left greater than right. Pitting edema in the bilateral lower extremities was also noted on exam. Treatment plan consisted of physical therapy, medication management and follow up appointment. The treating physician prescribed Capsaicin 0.075% cream, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury in August 2006 and is being treated for bilateral knee pain. When seen, his left knee pain was worsening despite physical therapy. He had an antalgic gait and was using a cane. There was knee crepitus and grinding with full range of motion. There was lower extremity edema. Capsaicin is believed to work through interference with transmission of pain signals through nerves. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He is over age 65 and would be at increased risk of a gastrointestinal event if prescribed an oral NSAID medication. He has localized knee pain amenable to topical treatment. Capsaicin was medically necessary.