

<b>Case Number:</b>	CM15-0147076		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old female, who sustained an industrial injury on 1-19-2011. The mechanism of injury is not described. The current diagnoses are end-stage osteoarthritis in the left knee, status post total right knee replacement (4-21-2015). According to the progress report dated 7-14-2015, the injured worker complains of left knee pain. The level of pain is not rated. The physical examination of the left knee reveals reduced range of motion and positive valgus stress test. The current medications are Motrin. Treatment to date has included medication management, physical therapy, home health, injection therapy, and surgical intervention. Per notes, the injured worker requires a total left knee replacement. Work status is described as total temporary disability. A request for Solaice pad has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solaice pad #240 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with left knee pain. The request is for SOLAICE PAD #240 WITH 1 REFILL. Patient is status post right knee surgery, 04/21/15. Physical examination to the left knee on 07/14/15 revealed decreased range of motion. Valgus stress test was positive on the left. Patient's treatments have included medication, knee injection and physical therapy. Per 07/14/15 progress report, patient's diagnosis includes status post surgical total right knee replacement and end stage osteoarthritis in the left knee. Patient's medications, per 02/19/15 progress report include Boniva, Naproxen, Ibuprofen and Multi Vitamins. Per 07/14/15 progress report, patient is temporarily totally disabled for 6 weeks. Solaice Pain patches are a proprietary transdermal system containing 5% Menthol and 0.05% Capsaicin. Regarding Capsaicin, MTUS guidelines on page 111, Topical Analgesics, states the following "Recommended only as an option in patients who have not responded or are intolerant to other treatments... Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The treater had not specifically addressed this request; no RFA was provided either. In this case, the provider is requesting a transdermal patch containing Menthol and Capsaicin. The treater does not explain why this topical was chosen over other medications. MTUS does not support use of Capsaicin unless the patient has failed to respond to other treatments - no discussion is provided as to whether or not this patient is unable to tolerate other pain control modalities. Additionally, MTUS guidelines do not support topical Capsaicin in concentrations exceeding 0.025%, the requested transdermal patch contains Capsaicin at 0.05% concentration - exceeding guideline recommendations. Therefore, the request IS NOT medically necessary.