

Case Number:	CM15-0148348		
Date Assigned:	08/11/2015	Date of Injury:	01/12/2012
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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 55 year old female, who sustained an industrial injury on 1-12-2012. Diagnoses include pain in joint lower leg and status post medial meniscectomy left knee. Treatment to date has included surgical intervention (left knee medial meniscectomy 6-05-2012), as well as conservative measures including diagnostics, rest, medication and the use of a muscle relaxer at night. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported persistent left knee pain that is worse with ambulation and after a full day at work. Left knee pain radiates into her left calf with cramping in the sole of her left foot and toes. She notes particular benefit with the use of capsaicin cream; she reports 80% relief of pain with the use of this medication. Objective findings included and antalgic gait. The plan of care included continuation of topical analgesic medications and authorization was requested for Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.075% Cream #1: 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): 111-113.

Decision rationale: The requested Capsaicin Cream 0.075% Cream #1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants" page 111-113, Topical Analgesics. The injured worker has persistent left knee pain that is worse with ambulation and after a full day at work. Left knee pain radiates into her left calf with cramping in the sole of her left foot and toes. She notes particular benefit with the use of capsaicin cream; she reports 80% relief of pain with the use of this medication. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Capsaicin Cream 0.075% Cream #1 is not medically necessary.