

Case Number:	CM15-0149530		
Date Assigned:	08/12/2015	Date of Injury:	07/08/2011
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female with an industrial injury dated 07-08-2011. The injured worker's diagnoses include lumbar radiculopathy and internal derangement of knee not otherwise specified (Left). Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 07-14-2015, the injured worker reported continued left knee and lower back pain. Objective findings revealed paravertebral muscle tenderness with spasm, restricted lumbar range of motion, and positive straight leg raises on the left. Left knee exam revealed joint effusion, tenderness to palpitation of the medial aspect of the knee and positive McMurray's test. The treatment plan consisted of medication management and follow up visit. The treating physician prescribed Capsaicin 0.025% cream with 2 refills #120gm, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream with 2 refills #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Per the MTUs guidelines with regard to Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with Capsaicin Cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review does not indicate that the injured worker had failed or was intolerant to other treatments. The request is not medically necessary.