MAXIMUS Federal Services

Case Number:	CM15-0201017		
Date Assigned:	10/16/2015	Date of Injury:	04/06/2011
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 was a 64 year old female, who sustained an industrial injury, April 6, 2011. The injured worker was undergoing treatment for forearm pain, anxiety, sleep disorder and apnea, pain in the joint lower leg. According to progress note of September 8, 2015, the injured worker's chief complaint was right knee pain. The pain was on the medial aspect of the right knee with radiation into the right thigh. The pain was worse with ambulation, extension and flexion of the knees. The pain was better with the use of topical medications and Tylenol with codeine. The physical exam noted normal muscle strength of all extremities. There was no edema or tenderness with palpation in any extremity. The injured worker previously received the following treatments Diclofenac gel and Capsaicin cream as topical pain relievers, Tylenol #3, Lidoderm Patches for the right knee and Voltaren 1% gel. The RFA (request for authorization) dated September 8, 2015, the following treatments were requested Topical Capsaicin 0.075% cream apply three times daily quantity 1. The UR (utilization review board) denied certification on September 14, 2015; for a prescription for Topical Capsaicin 0.075% cream apply three times daily quantity 1.

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, apply three times a day as listed on 9-8-15 visit note quantity1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: According to the guidelines, Capsaicin is recommended only as an option for those who have failed other treatments. There is no evidence that formulations greater than .025% is better. In this case, the claimant was prescribed .075%. The claimant was also prescribed multiple other topical gels along with oral opioids. The Capsaicin at the above dose is not medically necessary.