

Case Number:	CM15-0211059		
Date Assigned:	10/29/2015	Date of Injury:	12/02/2011
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on 12-02-2011. She has reported injury to the left knee and low back. The diagnoses have included lumbar radiculitis; left knee pain; history of left femoral nerve injury above inguinal ligament; status post left knee arthroscopy with severe residuals; and medication-related dyspepsia. Treatment to date has included medications, diagnostics, bracing, and surgical intervention. Medications have included Vicodin, Butrans patch, Gabapentin, Prilosec, and Capsaicin cream. A progress report from the treating physician, dated 09-11-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; the pain is aggravated by activity and walking; lower extremity pain; the pain is in the left knee and leg; the pain is rated as 6 out of 10 in intensity on average with medications; the pain is rated as 9 out of 10 in intensity on average without medications; the pain is reported as improved since her last visit; ongoing activity of living limitations due to pain; continued episodes and worsening depression; and she reports chronic, gastritis-related medication associated gastrointestinal upset. Objective findings included she was observed to be in moderate distress; gait was antalgic and slow; utilizes crutches in order to ambulate; tenderness was noted upon palpation in the paravertebral area L5-S1 level; decreased lumbar range of motion due to pain; left knee with a well-healed surgical scar; tenderness was noted on palpation at the left knee; range of motion was decreased due to pain; and motor exam showed decreased strength of the extensor muscles along the L3-4 dermatome in the left lower extremity. The treatment plan has included the request for Capsaicin cream .025% #1; and left lower extremity acupuncture times 8. The original utilization review, dated 10-14-2015, non-certified the request for Capsaicin cream .025%

#1; and modified the request for left lower extremity acupuncture times 8, to allow for left lower extremity acupuncture times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream .025% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin 0.025% #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are lumbar radiculitis; left knee pain; gastritis; medication related dyspepsia; non-steroidal anti-inflammatory drug intolerance; vitamin D deficiency; history left femoral nerve injury about inguinal ligament per EMG/NCV; status post left knee arthroscopy with severe residuals. Date of injury is December 2, 2011. Request authorization is October 7, 2015. According to a September 11, 2015 progress note, subjective complaints include ongoing low back pain, lower extremity pain in the left leg and knee and worsening depression. The worker indicates Butrans is helpful. Objectively, there is tenderness in the paraspinal muscles lumbar motor examination shows decreased strength (no quantitative amount). Sensory exam is within normal limits. The lower extremity showed a tender left knee with decreased range of motion. Motor examination showed decreased strength extensor muscles along the L3 - L4 dermatome. The treating provider is renewing the capsaicin 0.025%. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. There is no documentation demonstrating objective functional improvement to support the renewal of Capsaicin. Topical analgesics are largely experimental with few controlled trials. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of failed first-line treatment with antidepressants and anticonvulsants, Capsaicin 0.025% #1 is not medically necessary.

Left lower extremity acupuncture times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, left lower extremity acupuncture times 8 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar radiculitis; left knee pain; gastritis; medication related dyspepsia; non-steroidal anti-inflammatory drug intolerance; vitamin D deficiency; history left femoral nerve injury about inguinal ligament per EMG/NCV; status post left knee arthroscopy with severe residuals. Date of injury is December 2, 2011. Request authorization is October 7, 2015. According to a September 11, 2015 progress note, subjective complaints include ongoing low back pain, lower extremity pain in the left leg and knee and worsening depression. The worker indicates Butrans is helpful. Objectively, there is tenderness in the paraspinal muscles lumbar motor examination shows decreased strength (no quantitative amount). Sensory exam is within normal limits. The lower extremity showed a tender left knee with decreased range of motion. Motor examination showed decreased strength extensor muscles along the L3 - L4 dermatome. The guidelines recommend a three - four visit initial trial of acupuncture. The treating provider is requesting eight sessions of acupuncture to the lower extremity in excess of the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and request for an excessive number of acupuncture sessions (#8) during the initial trial that recommends 3-4, left lower extremity acupuncture times 8 is not medically necessary.