

<b>Case Number:</b>	CM15-0218376		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 47 year old female, who sustained an industrial injury on 8-30-2013. She reported pain and bruising of her left knee and ankle. According to physician documentation, the injured worker was diagnosed with lower extremity pain, left knee pain, left ankle internal derangement, left ankle pain, left ankle sprain/strain, and chronic pain. Subjective findings dated 10-14-2015, were notable for pain in her left knee and ankle with numbness of the last two toes, which increased with walking. Objective findings dated 9-21-2015, were notable for left knee and ankle swelling. An MRI of the left ankle was performed on 11-27-2013, revealing a small longitudinal tear along the inferolateral calcaneus and tenosynovitis and a longitudinal split tear beginning at the distal fibula. Treatment to date have included Ibuprofen, Capsaicin patch (since 9-17-2015), physical therapy, acupuncture, ECSWT, (extracorporeal shockwave therapy) and left ankle surgery on 4-24-2014. The Utilization Review determination dated 10-8-2015 did not certify retrospective treatment/service requested for Capsaicin patch for dates 9-17-2015 and 9-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin patch DOS 9/17/15, 9/21/15: 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:** Based on the 9/11/15 progress report provided by the treating physician, this patient presents with persistent left ankle/knee pain, with left ankle pain radiating to the left knee, with numbness in the last 2 toes of her left foot. The treater has asked for capsaicin patch DOS 9/17/15, 9/21/15 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p left ankle ligament repair from April 2014, subsequent 8 weeks of post-operative physical therapy per 9/11/15 report. The 5/12/14 report specifies the left ankle surgery as lateral ligament reconstruction and arthroscopy from 4/24/14. The patient's lower extremity pain increases with prolonged walking and notes swelling in the left foot after walking for more than 30 minutes per 9/11/15 report. The patient is unable to kneel on her left knee due to pain per 9/11/15 report. The patient is taking Ibuprofen and unspecified medication for depression per 9/11/15 report. The patient is currently working for her pre-injury employer as of 9/11/15 report. MTUS guidelines, Capsaicin section, page 28, 29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. 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." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The treater does not discuss the use of this medication in the reports provided. It is unknown how long the patient has been prescribed Capsaicin patches. In this case, the patient does present with chronic neuropathic and musculoskeletal pain; however, the request does not state the patch concentration. A concentration higher than 0.025% is not recommended per guidelines. MTUS page 60 requires that pain and function be recorded when medications are used for chronic pain. Given the lack of any such discussion, the request does not meet guideline recommendations. Hence, the request IS NOT medically necessary.