

Case Number:	CM15-0032233		
Date Assigned:	02/25/2015	Date of Injury:	08/01/2012
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

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 is a 52 year old female who sustained an industrial related injury on 8/1/12. The injured worker had complaints of chronic right knee pain. The diagnosis was pain in lower leg joint. Treatment included right knee surgery in the past. Medications included Nabumetone, Tramadol, Diclofenac, Capsaicin cream, and Cyclobenzaprine. The treating physician requested authorization for Capsaicin cream 0.075%. On 2/11/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted Capsaicin cream greater than 0.025% formulation is not a recommended topical agent. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.075%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Page 28 Page(s): Topical Capsaicin, Page 28.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Capsaicin. According to California MTUS guidelines, Capsaicin 0.25% is recommended "only as an option in patients who have not responded or are intolerant to other treatments." The medical records provided do not document intolerance to all other potential treatments. Likewise, Capsaicin is not considered medically necessary.