

<b>Case Number:</b>	CM15-0039406		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency 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 45 year old male, who sustained a work/ industrial injury on 10/18/00. He has reported initial symptoms of neck, back, and right knee pain. The injured worker was diagnosed as having cervical sprain, lumbar radiculopathy, and internal derangement of knee. Treatments to date included: medication (Capsaicin cream, Omeprazole, Orphenadrine, Naproxen, Voltaren gel) and physical therapy. Currently, the injured worker complains of right knee and lower back pain. The treating physician's report (PR-2) from 1/29/15 indicated there was improvement since the last exam, with continued right knee pain and inflammation. Cervical examination noted tender paravertebral muscles, spasm, restricted range of motion, intact motor strength. Lumbar examination noted tender paravertebral muscles, spasm was present, and range of motion was restricted. Straight leg raise test was positive bilaterally. Sensation was slightly reduced in the bilateral L5 dermatomal distribution. Left knee exam notes a well healed scar over the anterior aspect of the left knee. McMurray's test was positive bilaterally. Treatment plan was to continue physical therapy, continue medications, H-wave use for home to reduce pain, and topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics.

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

**Decision rationale:** The requested Capsaicin 0.025% #120, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right knee and lower back pain. The treating physician has documented there was improvement since the last exam, with continued right knee pain and inflammation. Cervical examination noted tender paravertebral muscles, spasm, restricted range of motion, intact motor strength. Lumbar examination noted tender paravertebral muscles, spasm was present, and range of motion was restricted. Straight leg raise test was positive bilaterally. Sensation was slightly reduced in the bilateral L5 dermatomal distribution. Left knee exam notes a well healed scar over the anterior aspect of the left knee. McMurray's test was positive bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Capsaicin 0.025% #120 is not medically necessary.

**One (1) H-wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-Wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested One (1) H-wave, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)". The injured worker has right knee and lower back pain. The treating physician has documented there was improvement since the last exam, with continued right knee pain and inflammation. Cervical examination noted tender paravertebral muscles, spasm, restricted range of motion, intact motor strength. Lumbar examination noted tender paravertebral muscles, spasm was present, and range of motion was restricted. Straight leg raise test was positive bilaterally. Sensation was slightly reduced in the bilateral L5 dermatomal distribution. Left knee exam notes a well healed scar over the anterior

aspect of the left knee. McMurray's test was positive bilaterally. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, One (1) H-wave is not medically necessary.