

Case Number:	CM15-0046672		
Date Assigned:	03/18/2015	Date of Injury:	04/21/2010
Decision Date:	04/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/11/2015

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 is a 62 year old female who sustained an industrial injury to her right knee on April 21, 2010. The injured worker was diagnosed with lumbago and sprain/strain knee and leg. According to the primary treating physician's progress report on March 2, 2015, the injured worker is evaluated for continued low back pain, left wrist and right knee pain. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles with spasm and tenderness at the bilateral sacroiliac joints with normal range of motion. The left wrist was noted to have decreased radial deviation on range of motion with tenderness to palpation of the dorsal and volar wrist. The anterior and posterior right knee was tender with muscle spasm of the posterior knee. Current medications consist of Gabapentin, Cyclobenzaprine, and Tramadol ER. Treatment plan is for electro acupuncture and the current request for Capsaicin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Capsaicin patch related to right knee and leg sprain, Qty: not given, Refills: Unlisted:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant had been on non-specific topical medications for several months. Capsaicin in a dose $> .025\%$ is not recommended due to no improvement in increased concentration. In addition, there is insufficient evidence to support the use of topical capsaicin for chronic knee pain. The request for the topical Capsaicin as above is not medically necessary.