

Case Number:	CM15-0059573		
Date Assigned:	04/06/2015	Date of Injury:	05/21/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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 61 year old female who sustained an industrial injury to her right ankle on May 21, 2014. The injured worker underwent an open reduction internal fixation with hardware on the day of injury. Treatment to date includes diagnostic testing, physical therapy (24 total sessions completed), swimming, assistive devices and pain medications. The injured worker was diagnosed with status post right ankle fracture and repair. According to the primary treating physician's progress report on February 26, 2015, the injured worker continues to experience pain and a burning sensation in her bilateral lower extremities particularly her right knee. The injured worker expresses right ankle and foot swelling, numbness in the right toes, cramping of the right leg and difficulty with balance. Examination of the right ankle demonstrated tenderness to pressure over the right plantar fascia, right lateral and medial malleolus. Sensory, motor and range of motion were reduced in the right foot. No instability was noted. Current medications are listed as over the counter for pain management. Treatment plan consists of physical therapy, home exercise program and the request for topical capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

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 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 other potential treatments. Likewise, Capsaicin is not medically necessary.