MAXIMUS Federal Services

Case Number:	CM14-0115877		
Date Assigned:	09/16/2014	Date of Injury:	02/02/2012
Decision Date:	10/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 02/02/2012. The mechanism of injury occurred when a metal rack fell on top of him, causing him to fall. His diagnoses included right knee internal derangement with mild osteoarthritis and status post right knee arthroscopic repair. The injured worker's past treatments included surgery, post-operative physical therapy, medications and the use of urine drug screens. The injured worker's diagnostic exams included a range of motion and computer assisted muscle test. The injured worker's surgical history included a right knee arthroscopy performed on 01/08/2014. On 02/04/2014, the injured worker indicated that he felt the physical therapy was helping him. The physical exam revealed decreased range of motion to the right knee and decreased muscle strength. The range of motion to the right knee included 95 degrees of flexion and 0 degrees of extension. The injured worker's medications included Naproxen, Restoril, and Tramadol. The treatment plan consisted of the continuation of physical therapy and the use of compound creams for pain relief. A request was received for compound capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20% 240 gm retro 01/07/2014. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% 240gm retro 1/07/14: 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 Page(s): 111-113.

Decision rationale: The request for Compound: Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% 240gm retro 1/07/14 is not medically necessary. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to the use of Capsaicin, the guidelines recommended it only as an option in patients who have not responded or are intolerant to other treatments. Based on the clinical notes, he stated that he felt good and that the physical therapy was helping. His diagnoses included osteoarthritis of the knee and status post right knee arthroscopy. The guidelines recommend topical analgesics for the indication of neuropathic pain. His diagnosis of osteoarthritis and status post-surgery is not supported by the guidelines for the use of topical analgesics. Also, the clinical notes failed to indicate that he failed a trial of antidepressants and anticonvulsants to warrant the use of topical analgesics. The use of Capsaicin is not supported due to lack of documentation indicating that he was intolerant of other treatments. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, the request failed to specify a frequency of use. Therefore, due to lack of documentation indicating a neuropathic diagnosis, evidence that he failed other treatments, and an absence of frequency of dose, the request is not supported. Thus, the request for Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% 240gm retro 1/07/14 is not medically necessary.