

Case Number:	CM14-0148068		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2006
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Pain Management 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:

This patient has a date of injury of 11/1/06. A utilization review determination dated 8/27/14 recommended non certification for the requested Capsaicin Cream .025%. A progress report dated 7/14/14 identifies subjective complaints of continued constant left knee pain aggravated with ambulation. The patient is 5 months post arthroscopic left knee surgery and is ambulating with a limp. The patient indicates pain is more prominent to the medial aspect of the knee and crepitus is noted with ambulation. The patient had been to see an orthopedic surgeon, who recommended additional surgery would be needed and the patient is scheduled for a follow up appointment on 7/20/14. The patient indicates that physical therapy helps and also states that the prescribed Norco and Mobic as well as the IF 4 units have provided some relief of the patient's pain. Objective examination findings identify a well healed left knee with arthroscopic portals. Swelling of the knee is noted as well as tenderness with palpation over the medial aspect of the knee. Tracking and retro patellar crepitus of the left knee are identified as well as limited flexion and extension and a positive McMurrays and Apleys exam. The patient also had a positive varus and valgus test documented in the note. The treatment plan recommends a repeat MRI, Capsaicin Topical, Aquatic Therapy 2 times per week for a total of 4 weeks and recommends that the patient keep her appointment with the orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream .025% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112113 of 127.

Decision rationale: Regarding request for Capsaicin Cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Capsaicin Cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Capsaicin Cream is not medically necessary.