MAXIMUS Federal Services

Case Number:	CM14-0162253		
Date Assigned:	10/07/2014	Date of Injury:	05/12/2011
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 05/12/2011. She was reportedly traveling on a bus for an extended amount of time and reported a burning pain. 04/01/2014 the injured worker presented with left knee pain. Upon examination of the left knee, there was tenderness to pressure over the left joint, there was no swelling or warmth noted. There was a positive McMurray's sign to the right knee. The diagnoses were internal derangement not otherwise specified. Prior therapies included physical therapy and medications. The provider recommended capsaicin cream, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream with 2 refills: Upheld

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

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

Decision rationale: The request for Capsaicin 0.025% cream with 2 refills is not medically necessary. The California MTUS Guidelines state that topical compounds are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended only as an option for injured workers who have not responded or are intolerant of other treatments. There is lack of documentation of a failed trial of an antidepressant or anticonvulsant. The injured worker is not noted to be intolerant of or unresponsive to other medications. The provider's request does not indicate the site, which the cream was indicated for in the request as submitted. As such, medical necessity has not been established.