

<b>Case Number:</b>	CM14-0168261		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine 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 patient had a date of injury on 8/14/2008. The patient slipped on water and fell. The patient has had chiropractic therapy, aqua therapy, and physical therapy which provided some relief. Diagnoses include: right knee arthralgia, status post right knee arthroscopic medial meniscectomy with abrasion chondroplasty of medial femoral condyle, left knee contusion, and bilateral knee severe DJD (degenerative joint disease).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM4 - Caps 0.05%, Cyclo 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112.

**Decision rationale:** According to MTUS guidelines it does not recommend Capsaicin over 0.025% as anything greater is considered experimental. Therefore, the request is not medically necessary.