

Case Number:	CM14-0095299		
Date Assigned:	07/25/2014	Date of Injury:	01/29/1999
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old male who has submitted a claim for pain in left knee associated with an industrial injury date of January 29, 1999. Medical records from 2012 to 2014 were reviewed, which showed that the patient is status post synovectomy/debridement of infected left knee (dated June 28, 2000), arthroscopic medial and lateral meniscectomy, debridement, tricompartmental synovectomy, limited chondroplasty of lateral femoral condyle of left knee (dated January 1, 2002), and right knee arthroscopy with lateral meniscectomy (dated January 9, 2003). Most recent progress report dated June 27, 2014 showed that the patient complained of pain on both knees, left more than the right. Physical examination revealed swelling of the knee. The rest of the submitted progress notes and medical records were all handwritten and had illegible handwriting. Treatment to date has included surgery. Utilization review from June 11, 2014 regarding Capsaicin was not made available in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Compound - Capsaicin 0.05%/10%, Date of Services: 6/23/09, 12/11/09, 8/9/10, 8/29/11, 3/2/12, 1/14/13, 7/19/13 & 1/10/14: 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 Capsaicin, topical Page(s): 28.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the medical records submitted are lacking and failed to document treatment prescribed to the patient. Moreover, capsaicin in 0.05% formulation is not guideline recommended. Therefore, the request for Pharmacy Compound - Capsaicin 0.05%/10%, Date of Services: 6/23/09, 12/11/09, 8/9/10, 8/29/11, 3/2/12, 1/14/13, 7/19/13 & 1/10/14 was not medically necessary.