

Case Number:	CM14-0214727		
Date Assigned:	01/07/2015	Date of Injury:	07/21/2011
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male with date of injury 10/13/12. The treating physician report dated 11/26/14 (a.54) indicates that the patient presents with pain affecting his left ankle. Patient declined left ankle steroid injection. Patient takes medication as needed for symptom control, which covers about 70% of his pain. He also denies any side effect of the medication. Patient also uses TENS unit and topical analgesics. The report provided did not elaborate further on the patient's status. The current diagnoses are: 1. Crush injury ankle, lower leg, and foot. 2. Myofascial pain. 3. Poor coping. Capsaicin patch was denied by UR on 12/15/2014 because there was no evidence that the IW failed oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin pain relief patch #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin
 Page(s): 28-29.

Decision rationale: The utilization review report dated 12/15/14 denied the request for Capsaicin Patches based on lack of medical necessity. There were no reports provided in the medical records that discussed the current prescription. The MTUS guidelines state, “Recommended only as an option in patients who have not responded or are intolerant to other treatments.” In this case, without any additional documentation describing the treatment plan, it is difficult to determine if or how the patient responded to other treatments. Recommendation is for denial.