

<b>Case Number:</b>	CM15-0015185		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male who sustained a work related injury May 25, 2013. Past history included s/p fracture of the right ankle requiring surgery (developed pain post-op in the right knee and lower back). According to a physician's progress note dated December 5, 2014, he presented for a follow-up visit complaining of right ankle, knee, and arm pain and lower back pain. He noted improvement with acupuncture sessions of pain in the right shoulder but not the lower back or knee. Another physician had recommended 18 sessions of physical therapy for the right ankle and if fails to improve recommends a possible removal of right ankle hardware. He has been authorized for a functional restoration program to begin January 5, 2015. Physical examination reveals the ligaments of the right ankle are tender. Diagnosis is documented as fracture bimalleolar, closed. Treatment plan included prescription for Capsaicin, Nabumetone-relafen, replacement of cane with grip and physical therapy. Of note, a weekly progress report dated 1/5/2015-1/9/2015 documents the injured worker is s/p hardware removal 10/16/2014, right ankle and diagnoses included right plantar fasciitis, possible right superficial perineal nerve injury with compensatory right knee and low back pain. According to utilization review dated January 19, 2015, the request for Capsaicin 0.075% Cream is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics. The request for Nabumetone-relafen 500mg #90 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream 1 tube:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic right ankle pain. Treatments have included multiple surgeries and diagnoses include possible right peripheral nerve injury. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has pain including localized ankle pain that could be amenable to topical treatment. Therefore, capsaicin was medically necessary.

**Nabumatone - Relafen 500mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic right ankle pain. Treatments have included multiple surgeries and diagnoses include possible right peripheral nerve injury. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of nabumatone is up to a maximum of 2000 mg/day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.