

Case Number:	CM15-0018095		
Date Assigned:	02/06/2015	Date of Injury:	04/06/2011
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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: California
 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:

This 64 year old female sustained an industrial injury to the right knee on 4/6/11. Magnetic resonance imaging right knee showed medial collateral ligament strain and tendinitis of the patellar tendon. Treatment included home exercise, cognitive behavioral therapy, steroid injections, acupuncture, massage and medications. Following the initial injury, the injured worker developed back pain due to compensatory movements. In an office visit for medication refills dated 8/7/14, the injured worker stated that medications help reduce pain and improve function. Physical exam was remarkable for tenderness to palpation to the right knee joint line without erythema or effusion. Current diagnosis included pain in joint lower leg. Current medications included Capsaicin 0.075% cream, topical Diclofenax Sodium 1.5%, Tylenol with codeine and Lidoderm 5% patch. Work status was permanent and stationary. On 1/5/15, Utilization Review noncertified a retrospective request for topical Capsaicin 0.075% cream with a dos of 8/07/2014 and topical Diclofenax Sodium 1.5% 60 gm with a dos of 8/7/2014 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for topical Capsaicin 0.075% cream with a dos of 8/07/2014: 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 Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with chronic knee pain. The current request is for RETROSPECTIVE REQUEST FOR TOPICAL CAPSAICIN 0.075% CREAM WITH A DOS 8/7/14. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain; however, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. This topical ointment contains 0.075% of capsaicin, which is not supported by MTUS. The requested topical cream IS NOT medically necessary.

Retrospective request for topical Diclofenax Sodium 1.5% 60 gm with a dos of 8/7/2014:
Overturned

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 Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with chronic knee pain. The current request is for RETROSPECTIVE REQUEST FOR TOPICAL DICLOFENAC SODIUM 1.5% 60GM WITH A DOS OF 8/7/14. For topical agents, the MTUS Guidelines page 111 states, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states "Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." This patient presents with chronic knee pain and the treating physician has prescribed topical Diclofenac since 3/21/14. On 5/16/14, the patient reported decrease in pain and improved function with the use of medications. Progress report dated 8/7/14 notes that the patient continues to benefit from the topical medicine and it is currently her first line of treatment. In this case, given the patient chronic knee conditions the states of efficacy, the request topical cream IS medically necessary.