

Case Number:	CM15-0127187		
Date Assigned:	07/13/2015	Date of Injury:	07/09/2009
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational Medicine

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 42 year old female, who sustained an industrial injury on July 9, 2009. She reported that she felt a pain shoot through her knee with a pop. The injured worker was diagnosed as having lower leg pain in joint. Treatment to date has included injections, brace, transcutaneous electrical nerve stimulation unit and medications. On March 19, 2015, the injured worker complained of persistent pain in her right knee. She reported her pain level was reduced from 7-10 on a 0-10 pain scale down to a 3-4. She was post lumbar diagnostic facet injection and reported significant improvement. Medications were noted to help with pain and function. The treatment plan included medications and a follow-up visit. On June 4, 2015, Utilization Review non-certified the request for Topical Capsaicin 0.075% 60 gm quantity of one, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Topical Capsaicin 0.075%; 60gm; apply tid; dispensed on 02/16/12
quantity: 1: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section, Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments such as antidepressants or anticonvulsants. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. In this case there is no evidence that the injured worker's pain is neuropathic in nature or that there has been a failure with the use of antidepressants or anticonvulsants. The request for topical Capsaicin 0.075%; 60gm; apply tid; dispensed on 02/16/12 quantity : 1 is not medically necessary.