

Case Number:	CM15-0127558		
Date Assigned:	07/20/2015	Date of Injury:	06/04/2002
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 an industrial injury on 06/04/2002. Initial complaints and diagnosis were not clearly documented. On provider visit dated 01/23/2015 the injured worker has reported left knee pain and ran out of topical cream. On examination of the left knee revealed no effusion. The diagnoses have included osteoarthritis - localized-primary involving the lower leg. Treatment to date has included topical cream. The provider requested microsome plus base, Capsaicin and Menthol Crystal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microsome Plus Base Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Microsome is a base often used with topical analgesics. In this case, the claimant was on a few topical analgesics. There is insufficient evidence that microsome offers significant analgesic benefit. The use of the topical analgesics provided is not medically necessary. Therefore, the Microsome is not medically necessary.

Capsaicin 0.375% Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, the Capsacin was provided in a higher amount of than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, it was combined with other medications. The claimant had been on multiple topical medications for an unknown length of time. Therefore the Capsacin .375% is not medically necessary.

Menthol Crystal Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical menthol is often used for topical analgesics in minor pain. However, there is insufficient evidence for its use. In addition, it was provided in conjunction with several other topical analgesics. Length of prior use is unknown. The request for Menthol and its diagnoses related analgesic intervention was not substantiated and is not medically necessary.