

<b>Case Number:</b>	CM15-0038313		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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:

The injured worker is a 33-year-old male, who sustained an industrial injury, reported on 7/18/2014. He reported frequent, mild upper and mid-back pain, and frequent moderate left knee pain, that became severe. The diagnoses were noted to include disruption, internal knee; anterior cruciate ligament tear; and thoracic sprain/strain and myospasm. Treatments to date have included consultations; multiple diagnostic imaging studies; acupuncture therapy; physical therapy and shockwave therapy for the left knee; and medication management. The work status classification for this injured worker was noted to remain off work until 3/21/2015. On 2/14/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/4/2015, for 8 additional, physical medicine procedures, of physical therapy, 2 x a week x 4 weeks. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, active therapy and self-directed home physical medicine, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113; Capsaicin, topical, page 28-29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical capsaicin analgesic. Guidelines recommend topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments and as a treatment for osteoarthritis which has not been demonstrated here. The Capsaicin patch is not medically necessary and appropriate.