

Case Number:	CM15-0079531		
Date Assigned:	04/30/2015	Date of Injury:	08/29/2014
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 43-year-old male, who sustained an industrial injury on 08/29/2014. He has reported injury to the left knee. The diagnoses have included left knee pain. Treatment to date has included medications, diagnostics, bracing, physical therapy, and left knee exam under anesthesia, arthroscopy, and diagnostic arthroscopy. Medications have included non-steroidal anti-inflammatory agents (NSAIDs). A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain at lateral aspect of left knee; no snapping sensations; incision sites minimally tender; and pain is improved at left knee, 5.5 weeks status post left knee arthroscopy. Objective findings included tenderness to palpation at distal iliotibial band; minimal tenderness to palpation at incision sites; and active range of motion with minimal tightness anteriorly. The treatment plan has included the request for Capsaicin ointment (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin ointment (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin topical Page(s): 28-29.

Decision rationale: Injured workers being treated for chronic left knee pain as result of a non-traumatic on-the-job injury. MRI of the left knee performed on 10/5/14 reportedly was essentially normal with a small joint effusion and intact menisci. Subsequent arthroscopic evaluation confirmed no internal knee injuries. Despite lack of objective findings, injured worker continues to have moderate to severe sharp pain with most weight bearing activities and range of motion. Exam is significant for pain limited left knee range of motion and strength. There is documentation of at least 1 physical therapy evaluation, however the records are incomplete. Request is being made for capsaicin ointment of unspecified dosage. MTUS guidelines recommend topical capsaicin 0.025% as a second line treatment for osteoarthritis, postherpetic neuralgia and diabetic neuropathy. In the case of the injured worker, there is lack of documentation that indicates that there is been a trial of first plan interventions such as short course of NSAID therapy or physical therapy with a home exercise program. In addition, there is no established diagnosis of osteoarthritis or lower limb neuropathy. Therefore, request as written with unspecified dosage is not medically necessary.