

<b>Case Number:</b>	CM15-0091632		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 65 year old male, who sustained an industrial injury on 8/23/06. He reported acute onset of left knee pain after slipping and falling. The injured worker was diagnosed as having pain in lower leg joint. Treatment to date has included left knee medial meniscectomy, physical therapy, functional restoration program, home exercise program and topical creams. Currently, the injured worker complains of bilateral knee pain and lower back pain; he rates the pain 6-7/10. He notes he does not want to take oral medications due to kidney issues, and he states creams help with local relief of pain. He states he is currently retired. Physical exam noted a foot drop and positive patella grind without laxity of the MCL, LCL, PCL, or (ACL) Anterior Cruciate Ligament. Requests for authorization were submitted for Capsaicin cream and Diclofenac sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream (DOS 02/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Prodecures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines are very specific regarding topical analgesics. Only FDA and Guideline approved topical are recommended and if a compound contains an unsupported ingredient the compound is not recommend. The Guidelines specifically state that strengths of Capsaicin over .025% have no proven additional benefit and are not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Capsaicin .075% cream is not supported by Guidelines and is not medically necessary.

**Diclofenac Sodium 1.5% 60g, (DOS 02/20/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Topical Analgesics.

**Decision rationale:** MTUS Guidelines supports the short term use of FDA approved topical Analgesics, but the MTUS Guidelines do not include more recent formulations that are approved for longer term use. ODG Guidelines discuss the use of Pennsaid (Diclofenac 1.5%) for osteoarthritis on a long term basis and it is clearly documented to be beneficial. The ODG Guidelines support its use when there is intolerance or oral NSAIDs are contraindicated. This individual has hypertension and coronary heart disease, which would justify the use of Pennsaid. The records reviewed do not make it clear if the recommended topical is compounded or the FDA approved formulation. If it is the FDA approved Pennsaid (1.5% Diclofenac) it is supported by Guidelines and is medically necessary.