

Case Number:	CM15-0093297		
Date Assigned:	05/19/2015	Date of Injury:	08/01/2012
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 (IW) is a 52-year-old female who sustained an industrial injury on 08/01/2012. Diagnoses include pain in joint--lower leg. Treatment to date has included medications, Functional Restoration Program, orthopedic consultation and physical therapy. MRI of the right knee dated 11/18/14 showed severe medial tibiofemoral arthrosis with grade 4 chondrosis and focal osteochondral lesion in the weightbearing medial femoral condyle; partial medial meniscectomy changes; moderate to severe patellofemoral arthrosis with grade 3-4 chondrosis and inner surface fraying of the midbody of the lateral meniscus with mild to moderate compartment chondrosis. According to the progress notes dated 4/17/14, the IW reported right knee pain rated 6-7/10. She rated pain 10/10 without medications. She also reported cramping in the right lower extremity, for which Flexeril was helpful. On examination, her gait was antalgic and a single point cane was used. The IW requested a follow-up appointment with the orthopedic surgeon to discuss knee replacement surgery. A request was made for Capsaicin cream 0.075% cream #2t to help with pain while the IW considers joint replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cre 0.075% Cream #2: 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) 111-113.

Decision rationale: Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medications. The Capsaicin Cre 0.075% Cream #2 is not medically necessary and appropriate.