Magnolia Reviews of Texas, LLC
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[Date notice sent to all parties]:

01/22/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Releevia MC .0375/5% #45 Menthol and Capsaicin

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: This claimant is a male who reported an injury on XX/XX/XX after his knee buckled at work and gave out suddenly. The claimant has been treated with physical therapy which did not alleviate his symptoms. He also has MRI evidence of a meniscal tear and mild tricompartmental cartilage per an MRI. On XX/XX/XX, the claimant was evaluated with continued complaints of pain in the knee as well as occasional locking and giving way. At the time the claimant was for the claimant to undergo a left knee meniscectomy and he was prescribed tramadol for pain. The most recent evaluation provided was dated XX/XX/XX. The extent of the claimant's injury was evaluated as were his complaints and examination findings. According to the note, the claimant's treatment to date had consisted of pharmacologic management, passive and active physical therapy and home exercise. At the time, he rated his pain at a 7/10, noted difficulties with activities of daily living and work related activities. Upon physical examination, he had tenderness to palpation at the medial joint line of the left knee and left patellar tendon. Apley's compression on the left was positive as was McMurray's, and patellar grind. He had 5/5 motor strength and sensation was grossly normal for the lower extremities bilaterally. He continued to be recommended at the time that the claimant

undergo surgical intervention for the left knee. This specific request is for menthol and capsaicin 0.0375/5% #45.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Per the Official Disability Guidelines recommendations, topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety. It is additionally stated that capsaicin specifically is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The documentation submitted for review failed to provide a clear rationale for the medical necessity of this request. Of note the claimant has tried pharmacological therapies and was recently prescribed tramadol. However, his response to tramadol as well as documentation to support that he has failed all recommended oral medications has yet to be established. Without documentation that the claimant has any exceptional factors to the guidelines or evidence of failure of all recommended oral medications, the request would not be supported by the evidence based guidelines. Additionally, the guidelines state that topical analgesics are considered experimental/investigational. Therefore, the use of this product would not be considered medically necessary. As such, the request for menthol and capsaicin is not supported and the prior denial should be upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES