

Case Number:	CM13-0008178		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2009
Decision Date:	08/08/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year-old male with the date of injury of 1/14/09. The medical document associated with the request for authorization, a secondary treating physician's progress report dated 3/11/13, lists subjective complaints as pain in the back and right shoulder. Examination of the lumbar and thoracic spine revealed decreased range of motion due to pain. Examination of the right shoulder revealed more than 50% decrease range of motion due to pain, tenderness to palpation of the bicipital groove and muscles around the shoulder joint, and tenderness to palpation of the acromioclavicular joint. Diagnoses include right shoulder pain. The medical records provided for review document that the patient has been taking the following medications: Capsaicin cream 0.0375% taken at least as far back as 3/11/13, and Genicin topical, taken at least as far back as 1/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. As such, the request is not medically necessary.

GENICIN TOPICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the MTUS, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient does not carry a diagnosis of arthritis. As such, the request is not medically necessary.