

<b>Case Number:</b>	CM13-0013745		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	11/13/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Physical Medicine and Rehabilitation, 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 37-year-old male who reported injury on 11/13/2010. The mechanism of injury was noted to be the patient was a passenger in a patrol car and upon exiting the vehicle, the patient lost his footing and slipped forcefully striking his back and tailbone on the door jamb of the vehicle. The patient was noted to have continuous lumbar spine pain radiating up to the left shoulder blade as well as bilateral hips and down the left leg extending to the knee. The patient was noted to have numbness and tingling in his left thigh. The patient was noted to have 20 sessions of chiropractic care with some improvement. The patient's diagnoses were noted to include: Acute lumbosacral coccygeal contusion, continued coccydynia, and compensatory thoracolumbar chronic sprain. The request was made for BioTherm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ONE PRESCRIPTION FOR BIO-THERM (CAPSAICIN, 002%) (DOS: 7/11/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28.

**Decision rationale:** CAMTUS indicates that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Clinical documentation submitted for review failed to provide the patient had not responded to or was intolerant of other treatments. Additionally, it failed to indicate the patient had pain not controlled successfully with conventional therapy. There is a lack of documentation indicating the quantity of Bio-Therm being requested. Given the above, the request for retrospective request for one prescription for Bio-Therm (Capsaicin, 002%) (DOS: 7/11/2013) is not medically necessary.