

Case Number:	CM13-0025952		
Date Assigned:	11/22/2013	Date of Injury:	11/02/2012
Decision Date:	01/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, 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 physician 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 51-year-old male who reported a work-related injury on 11/02/2012 to his left shoulder due to repetitive work with lifting and heavy physical work. The patient underwent left shoulder rotator cuff tear surgery and physical therapy sessions. The patient's medications include Norco and Biotherm topical cream. The patient's diagnosis is listed as status post left shoulder rotator cuff repair. A retrospective request was made for Biotherm to treat left shoulder and thoracic/lumbar spine, date of service 02/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for bio-therm to treat left shoulder and thoracic/lumbar spine, date of service 2/26/13: 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 Topical Analgesics, Capsaicin Page(s): 112.

Decision rationale: The clinical note dated 02/26/2013 stated the patient was still working full duty. He had ongoing left shoulder pain that radiated down his arms at times. He also had some difficulty walking due to pain with numbness and tingling down his legs and pain down his legs.

The patient had been taking Ultram and Prilosec and using Biotherm topical cream. Tenderness to palpation was noted over the paralumbar musculature with flexion at 50 degrees, extension at 20 degrees, and lateral bending was 25 degrees each. Straight leg raise was negative bilaterally and motor strength was 5/5 equally with intact neurovascular status. Severe tenderness to palpation was noted over the left acromioclavicular joint. A slightly positive impingement sign was noted to the left shoulder. The patient was dispensed Biotherm 4 ounces to apply a thin layer to the affected area 2 to 3 times daily as directed by physician. Biotherm's ingredient is listed as capsaicin 0.002%. Recent clinical documentation stated the patient had been using Biotherm topical cream on an as needed basis. California Chronic Pain Medical Treatment Guidelines indicate capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is lack of clinical documentation submitted stating the patient had not responded to or was intolerant to other treatments or medications. Therefore, the retrospective request for Biotherm to treat left shoulder and thoracic/lumbar spine, date of service 02/26/2013 is non-certified.