

Case Number:	CM13-0034603		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2006
Decision Date:	03/26/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 9/1/06. He was seen by his primary treating physician on 8/14/13 for complaints of lumbar spine pain. His medications include motrin, anexsia, omeprazole, ambien and biotherm (capsaicin) cream. He reports pain improves from 7/10 to 5/10 after medications. His physical exam is significant for limited range of motion in his lumbar spine and pain and hypertonicity with palpation of the paraspinal muscles. Lower extremity strength, sensation and reflexes wer normal. His diagnoses included lumbalgia with bilateral radicular symptoms, worse on the right, lumbar disc disease - multilevel and lumbar foraminal stenosis. Medications were dispensed / refilled and at issue in this review is the prescription for biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM (CAPSAICIN 0.002%), 4OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least

one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. His pain improvement is limited and decreases to 5/10 from 7/10 with all of his medications. The records do not indicate that the biotherm cream itself is effective. The records do not provide clinical evidence to support medical necessity.