

<b>Case Number:</b>	CM13-0039885		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/25/2006
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 02/25/2006 due to lifting a case of water reportedly causing injury to the cervical spine, lumbar spine, and right shoulder. Prior treatments included physical therapy and medications. The patient's medications included Ultram, Biotherm cream, and Ambien. The patient's most recent clinical examination findings on September 19, 2013, documented improvement in pain levels from a 7/10 to a 2/10 with medication usage, specifically with Ultram, Ambien, and Biotherm. Physical findings included limited range of motion of the lumbar spine, and limited range of motion of the right shoulder with a positive supraspinatus test and drop arm test. The patient's diagnoses included cervical sprain/strain, lumbar sprain/strain, and chronic right shoulder sprain/strain. The patient's treatment plan included continued physical therapy and medication usage.

### 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 for the right shoulder, neck, and arm:** 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 Medications for Chronic Pain and Topical Analgesics Page(s): 60, 111.

**Decision rationale:** The retrospective request for Biotherm for the right shoulder, neck, and arm is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints that would benefit from medication management. The requested Biotherm contains capsaicin. She was also noted to have significant anxiety and depression, but no documentation was provided in regard to a trial of antidepressants for treatment. California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as the patient has been intolerant to other first line treatments. Although the clinical documentation submitted for review does indicate that the patient had severe gastrointestinal related side effects from previous medication usage, it is documented that the patient continues to be prescribed oral medications. California Medical Treatment Utilization Schedule recommends continued use of medications in the management of a patient's chronic pain be supported by documentation of increased functional benefit. The clinical documentation submitted for review does provide evidence that the patient receives pain relief from the use of Biotherm topical cream. However, clinical documentation does not clearly identify any increased functional benefit related to medication usage. In addition, the Chronic Pain Medical Treatment Guidelines on Topical Analgesics and Capsaicin indicate that Capsaicin can be used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. No documentation was provided indicating prior trial of these medications, nor does the documentation specifically indicate that the claimant's pain is neuropathic in origin. As such, the retrospective request for Biotherm for the right shoulder, neck, and arm is not medically necessary or appropriate.