

Case Number:	CM13-0040225		
Date Assigned:	12/20/2013	Date of Injury:	12/12/2011
Decision Date:	03/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 least at 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:

This 44 year-old female sustained an injury on 12/12/11 while employed by [REDACTED]. The request under consideration includes Bio-therm (Capsaicin 0.002%) topical medication. Diagnoses include cervical disc disease at C5-6; bilateral rotator cuff syndrome; bilateral carpal tunnel syndrome. The report from [REDACTED] on 9/18/13 noted patient has chronic neck pain that radiates down to bilateral upper extremities. The patient has had gastrointestinal distress secondary to some medications. Exam showed thrombotic thrombocytopenic purpura over the trapezius and paravertebral muscles bilaterally with hypertonicity; shoulder has limited range of flexion 160; and 150-170 with normal extension, adduction, internal rotation and external rotation; wrists showed normal range with positive Tinel's bilaterally. The request was non-certified on 10/2/13 citing guidelines criteria and lack of medical necessity.

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%) 4 oz x2, 5iO: Apply a thin layer to affected area two-three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modalities has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesics over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what specific diagnosis or indication for a topical analgesic in a patient with diffuse radicular cervical and upper extremity pain. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic per guidelines criteria. The Bio-therm (Capsaicin) topical medication is not medically necessary and appropriate.