

Case Number:	CM13-0041026		
Date Assigned:	12/20/2013	Date of Injury:	02/23/2012
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, wrist, and neck pain reportedly associated with an industrial contusion injury of February 23, 2012. The applicant has also alleged variety of other derivative issues, including sleep disturbance, blurred vision, and posttraumatic headaches, it is further noted. Final Determination Letter for [REDACTED] 3 Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 14, 2013, the claims administrator approved a request for tramadol while denying a request for capsaicin. The applicant's attorney subsequently appealed. An earlier progress note of August 19, 2013 is notable for comments that the applicant reports multifocal shoulder, wrist, knee, and ankle pain with associated pitting edema and posttraumatic headaches. Prescriptions for Ultram and topical Biotherm (capsaicin) cream were endorsed while the applicant was placed off of work, on total temporary disability. On October 13, 2013, the primary treating provider again refilled prescriptions for tramadol and Biotherm cream while the applicant was again placed off of work, on total temporary disability, owing to persistent and heightened upper extremity and knee pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BIO-THERM CAPSAICIN 0.002% 4 OZ TIMES TWO (2), APPLY A THIN LAYER TO AFFECTED AREA TWO TO THREE (2-3) TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CALIFORNIA MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CAPSAICIN, TOPICAL. Page(s): 28.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that capsaicin is considered a treatment of last resort, to be used in those applicants who have not responded to or are intolerant to other treatments. In this case, however, there is no evidence that the applicant has tried and failed numerous classes of first-line oral pharmaceuticals. It is further noted that the applicant has used this particular compound in the past, for some time, and has failed to achieve any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, and on total temporary disability. The applicant continues to report heightened multifocal pain complaints. It does not appear that capsaicin (Biotherm) is particularly helpful in ameliorating the same. Therefore, the request is not certified, on independent medical review.