

Case Number:	CM13-0045741		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2012
Decision Date:	05/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain 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 patient is a cook who submitted a claim for Thoracic or Lumbosacral Neuritis or radiculitis, unspecified from an associated industrial injury on November 02, 2012. The treatment to date has included physical therapy and pain medications. Diagnostic procedure up to date included thoracolumbar X-rays which were normal and MRI of Left shoulder dated 12-06-13 revealed full thickness tear involving distal supraspinatus tendon, small full thickness tear of a part of distal infraspinatus tendon. The utilization review from October 25, 2013 denied a request for Biotherm. Medical records were reviewed from 2012 to 2013 showed that the patient started to experience pain at the neck, back, bilateral shoulders, bilateral wrist, bilateral elbows which were progressive in nature. This was accompanied by numbness and tingling which radiated to left side of the neck. He also noticed weakness of his extremities as he often drops objects. Upon physical examination there was tenderness on palpation to areas mentioned above. Patient underwent physical therapy and was given several pain medications such as Soma, Vicodin, Ibuprofen, Tramadol there was no specific mention on the effect of the medications (in terms of pain scale) although based on reports of physical therapist, patient has noted improvement with regards to pain. Capsaicin (Biotherm) was prescribed and dispensed starting December 06, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR BIOTHERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

Decision rationale: California MTUS Chronic Pain Medical Guidelines on Capsaicin found on page 28 states that it is only recommended as an option when trial of antidepressants and anticonvulsants have failed. In this case, there was no documentation that the patient has not responded or is intolerant to antidepressants and/or anticonvulsants. Furthermore, the medication requested did not specify the dosage. Therefore, the retrospective request for Biotherm dispensed on 12/07/12 is not medically necessary.