

Case Number:	CM13-0046394		
Date Assigned:	05/21/2014	Date of Injury:	07/06/2011
Decision Date:	07/11/2014	UR Denial Date:	10/31/2013
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 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:

This is a 27-year-old male with a June 6, 2011 date of injury. The exact mechanism of injury has not been described. On October 30, 2013, the patient presented with pain to his lumbar spine and right knee. He has been taking Tylenol #3 as needed and using Bio-therm topical cream. His pain levels decrease from a 10/10 to 6-8/10 with the medications. Objective exam: limited ROM (range of motion) of the lumbar spine with tenderness over the left paraspinal muscle. There is limited ROM of the left knee with flexion at 110 degrees and extension at 15 degrees. The patient is currently working full duty. Diagnostic Impression: Thoracolumbar Sprain, Morbid Obesity, Right Knee Contusion. Treatment to date: medication management. A UR decision dated October 31, 2013 denied the request. The reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THEM (CAPSAICIN 0.002 PERCENT) 4 OZ APPLY TO AFFECTED AREA 2-3 TIME DAILY: Overturned

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 CA MTUS 2009: 9792.24.2 Page(s): 28-29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. This patient is a 27-year-old male with low back and left knee pain. It is documented that his pain is improved with the use of Tylenol #3 and Biotherm gel. He is currently working full-duty. Guidelines do state that topical capsaicin may be useful in conjunction with other modalities in patients whose pain has not been controlled with conventional methods. The patient is already taking Motrin and Tylenol #3 and was still having pain. He is documented to have improvement of his symptoms with this medication. The request for Biotherm (Capsaicin 0.002%), 4 oz, is medically necessary and appropriate.