

Case Number:	CM13-0056657		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2013
Decision Date:	05/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 [Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 62 year old male with a date of injury of 08/09/2013. The listed diagnoses per [REDACTED] are: 1. Acute cervical strain, rule out disc herniation 2. Acute lumbar sprain, rule out disc herniation According to the report dated 09/26/2013 by [REDACTED], the patient presents with cervical and lumbar spine pain that radiates over shoulders and mid back. The pain is rated as 7/10. Examination of the lumbar spine revealed tenderness and hypertonicity bilaterally. Straight leg raise was negative for pain on the right side and positive at 50 degrees on the left side. Treating provider recommends "capsaicin based bio-therm cream."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Biotherm (9/26/13): 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 TOPICAL CREAMS Page(s): 111.

Decision rationale: This patient presents with upper and lower back pain. The treating provider is requesting capsaicin based Biotherm. The ACOEM, MTUS and ODG guidelines do not specifically discuss Biotherm cream. For capsaicin, MTUS Guidelines page 29 states,

"Recommended only as an option in patients who have not responded or are intolerant to other treatment. There are positive randomized studies with capsaicin cream and patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain." In this case, the patient continues with non-specific low back pain with some neuropathic pain. Given the patient's continued symptoms, the use of capsaicin at 0.025% concentration may be indicated. However, the treating provider has prescribed "capsaicin-based biotherm topical cream" without disclosing concentration of capsaicin and other components that are contained. Without knowing what is exactly in these compounded creams, it cannot be recommended for authorization. Recommendation is for denial.