

<b>Case Number:</b>	CM13-0056686		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Interventional Spine 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 48 year-old female who was injured on 1/11/09. She has been diagnosed as: status post arthroscopic decompression of the left shoulder (3/1/13) by [REDACTED]. According to the 10/11/13 report from [REDACTED], the patient presents with cervical and left shoulder pain. She takes Tylenol number 3, 3-4/day and uses Biotherm cream and the pain levels decreased from 5/10 to 2/10, she has had 12 PT sessions which helped. Shoulder flexion is at 110 degs, and 130 degs abduction. On 11/13/13, UR recommended against the medications. Review of the file reveals the patient was lifting heavy objects and one fell and hit her on the head. She had neck and shoulder pain. She was stated to have history of rheumatoid arthritis and was thought to have had cervical radiculopathy and bilateral carpal tunnel syndrome. She had several cervical epidural injections, and the left shoulder subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL NO.3:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88-89.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines criteria for long-term use of opioids states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient's pain levels are 5/10 without medications, and are decreased to 2/10 with medications. The patient has a satisfactory response to the medication. MTUS does not require weaning or discontinuing medications for pain that are producing a satisfactory response. The request for Tylenol No. 3 is medically necessary and appropriate.

**BIO THERM CAPSAICIN:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines states capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The medical records submitted for review indicate that the patient has responded well to the use of Tylenol #3. The records show that before the surgery (10/25/12 and 12/27/12 reports) she was using Norco and Ultram, as well as the Bio-Therm cream, but there was no assessment of pain on these reports. The patient still had significant pain with use of the Bio-therm and the other opioids to require the surgery. Furthermore, medical records did not indicate that Bio-therm made any difference before or after the surgery. The use of capsaicin with a patient who has responded well to, and can tolerate other treatment, is not in accordance with MTUS guidelines. The request Biotherm Capsaicin is not medically necessary and appropriate.