

Case Number:	CM13-0062471		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2007
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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, and is licensed to practice in Illinois. 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 31-year-old who reported an injury on 12/13/2007. The mechanism of injury was not specifically stated. The patient is diagnosed as status post left shoulder operative arthroscopy with subacromial decompression. The patient was seen by [REDACTED] on 10/25/2013. The patient reported headaches and pain to the cervical spine and lumbar spine, as well as bilateral knees and left upper extremity. Physical examination revealed limited range of motion of the left shoulder with 4/5 muscle strength and intact sensation. Treatment recommendations included a prescription for Biotherm topical cream and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM 9METHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%), 4 OUNCES:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Capsaicin is recommended for patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. The patient does not maintain any of the above mentioned diagnoses. There is also no evidence of failure to respond to first-line oral medication prior to the request for a topical analgesic. The request for Biotherm (methyl salicylate 20%/Menthol 10%/Capsaicin 0.002%), 4 ounces (apply a thin layer to affected area two to three times daily as directed by physician) is not medically necessary or appropriate.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain Chapter, Urine Drug Testing

Decision rationale: The Chronic Pain Medical Treatment Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than six years ago to date and there is no indication of non-compliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. The request for urinalysis is not medically necessary or appropriate.