

<b>Case Number:</b>	CM13-0069244		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/06/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 61-year-old female who reported an injury on 03/06/2003 of an unknown mechanism. The injured worker had a follow-up appointment on 06/24/2013, which revealed improvement in her lumbar spine pain. She reported worsening pain in the cervical spine, shoulder, wrist, and hand. The injured worker had been taking tramadol 50 mg (1 tablet daily). The injured worker rated her pain as 7/10 before taking medication, and 5/10 after taking medication. She had participated in 12 sessions of physical therapy for the lumbar spine, which had helped. Diagnostic studies were not submitted for review. Examination of the cervical spine revealed limited range of motion. There was tenderness and hypertonicity noted over the trapezius muscles bilaterally. There were no spasms noted. Shoulder depression test was positive. Motor strength was 4/5 in the C5 nerve root. Sensation was decreased in the C5 and C6 dermatomes. Examination of the lumbar spine revealed limited range of motion. Motor strength was 4/5 in the L4 and L5 nerve roots. Sensation was decreased in the L4 and L5 dermatomes. Diagnoses for the injured worker were chronic cervical strain with residuals, chronic lumbar strain with residuals, bilateral shoulder strain, bilateral upper extremity radicular pain, bilateral carpal tunnel syndrome, bilateral knee repetitive strain secondary to cerebrovascular accident, history of stroke, multiple other non-musculoskeletal complaints. It is reported that the injured worker had just completed a course of recommended physical therapy for the lumbar spine with significant improvement. However, the injured worker continued to experience significant neck pain with loss of range of motion with radiation to bilateral upper extremities. No other medications were reported. Treatment plan was for consultation with a psychologist and physical therapy regarding cervical spine and lumbar spine at 2 times a week for 6 weeks. The rationale and the Request for Authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-Therm (Methyl Salicylate 20%/ Menthol 10%/ Capsaicin 0.002%) 4oz:** 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, 112.

**Decision rationale:** The request for Bio-Therm (methyl salicylate 20%/ menthol 10%/ capsaicin 0.002%) 4 oz is not medically necessary. This medication is a topical analgesic, which is compounded. The California Medical Treatment Utilization Schedule states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains capsaicin, which is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally used to treat osteoarthritis and is formulated also to treat post herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. The injured worker does not have a diagnosis of osteoarthritis. The only medication reported for the injured worker was tramadol. There were no reports of medications tried and failed documented. The rationale for using this medication was not reported. Therefore, the request is not medically necessary.