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| Case Number: | CM13-0069837 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 02/22/2012 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Sports Medicine and is licensed to practice in Texas. 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 31 year old male with a reported date of injury on 02/22/2012. The worker was injured while lifting tile with a tile bar. The injured worker has a right shoulder arthroscopy in 2012. An MRI was performed on 08/13/2013 reported a full thickness supraspinatus tendon tear depicted by escaped subacromial contrast, no complete rupture, anterior and superior glenoid labral tears consistent with "slap" lesion and instability. The injured worker had a right shoulder arthroscopy with a Bankart repair utilizing Arthrex anchors, a partial synovectomy, removal of loose bodies, lysis of adhesions, subacromial bursectomy, and intraarticular injection of the right shoulder on 11/13/2013. The request of authorization for was not submitted with the medical records. The request is for BIO-Therm 120mg, apply 3-4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM 120MG, APPLY 3-4 TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The post-surgical progress note lists medications dispensed were Hydrocodone, Diclofenac Sodium, Pantaprazole, and Cyclobenzaprine. The ingredients for Bio-Therm include menthyl salicylate 20% menthol 10% capsaicin 0.002%. The CA MTUS guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. There was a lack of documentation that the injured worker failed conventional therapy which contraindicates MTUS guidelines. Hence, the request is not medically necessary.