

Case Number:	CM14-0007204		
Date Assigned:	02/07/2014	Date of Injury:	08/22/2012
Decision Date:	07/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder, elbow, wrist, and hand pain reportedly associated with an industrial injury of August 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and topical compounds. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for a topical compounded capsaicin cream. The applicant's attorney subsequently appealed. In an earlier progress note of December 12, 2013, the applicant was described as reporting persistent complaints of shoulder pain. The applicant was pursuing a previously denied shoulder arthroscopy. A 5-pound lifting limitation was endorsed, along with Biotherm. The attending provider stated that the applicant was alleging both specific injury and cumulative trauma. It did not appear that the applicant is working with a rather proscriptive 5-pound lifting limitation in place. On an earlier note of November 11, 2013, the applicant was described as using Motrin for pain relief and reporting appropriate reduction in pain levels from 6/10 to 3-4/10 with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Biotherm (Menthyl Salicylate 20%, Menthol 10% and Capsaicin 0.002%) topical cream, 4 ounce: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic, Topical Analgesics topic Page(s): 28,111.

Decision rationale: One of the ingredients in the compound is Capsaicin. However, as noted on page 28 of the California MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended as a last-line agent, to be employed in applicants in whom there is evidence of intolerance to and/or failure of first-line agents. In this case, however, the applicant's seemingly successful ongoing usage of first-line oral Motrin effectively obviates the need for the Capsaicin-containing topical Biotherm cream. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.