

<b>Case Number:</b>	CM14-0013788		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old female who has submitted a claim for lumbar radiculopathy, lumbar spinal stenosis, lumbar spondylosis, lumbar disc protrusion, left elbow contusion, left knee status post partial anterior cruciate ligament tear and medial meniscal tear, and diabetes associated with an industrial injury date of 06/20/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the lumbar spine, left elbow, and left knee, graded 4/10 in severity. Low back pain radiated to bilateral lower extremities. Physical examination of the lumbar spine showed hypertonicity, tenderness, and restricted range of motion. Straight leg raise test was positive bilaterally at 60 degrees with pain radiating down the posterior thigh. Left knee examination showed limited range of motion, tenderness, and a positive patellofemoral grind test. Treatment to date has included left knee ACL repair, lumbar epidural steroid injections, left knee cortisone injections, physical therapy, and medications. Utilization review from 01/08/2014 denied the request for capsaicin based Bio-Therm topical cream. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN BASED BIO-THERM TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical Analgesics Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. ODG Pain Chapter states that topical pain relievers that contain menthol, methyl salicylate, and capsaicin may in rare instances cause serious burns. Page 105 of the CA MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, patient presented with lumbar pain radiating to bilateral lower extremities. She has been using Bio-Therm topical cream since 2012 due to noted gastrointestinal upset from oral medications. Patient reported pain relief from 8 to 4/10 in severity with its use. The medical necessity was established. However, the present request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for CAPSAICIN BASED BIO-THERM TOPICAL CREAM is not medically necessary.