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| <b>Case Number:</b>   | CM14-0016856 |                              |            |
| <b>Date Assigned:</b> | 04/11/2014   | <b>Date of Injury:</b>       | 11/09/2011 |
| <b>Decision Date:</b> | 05/29/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Physical Medicine and Rehabilitation, 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 patient is a 46 year old male who sustained a continuous trauma injury from 11/9/10 to 11/9/11. The mechanism of injury was not provided for review. The patient underwent an arthroscopic procedure to the right shoulder in March 2012. Postoperatively, physical therapy and rehabilitation gave initial improvement, then plateaued, and worsened. The patient was first prescribed BioTherm on 4/15/13. A PR-2 dated 12/23/13 states that the patient reported pain in the cervical spine which radiates into bilateral elbows, as well as pain in his right shoulder. He has been taking Tramadol once a day and using BioTherm topical cream twice daily. He reports improvement in his pain levels from 6/10 to 3/10 after taking medications. On examination of the cervical spine, he has limited range of motion. There is tenderness noted over the trapezius and paravertebral muscles bilaterally. Spurling's test is positive on the right. Muscle strength is 4/5 on the right and 5/5 on the left in the C5 nerve root. Sensation was decreased on the right and normal on the left in the C5 and C6 nerve distributions. Deep tendon reflexes were +1 in the brachioradialis and triceps tendons bilaterally. Diagnoses are right shoulder rotator cuff syndrome status post arthroscopy, chronic cervical spine sprain with two-level disc herniation, right elbow medial and lateral epicondylitis, and depression and sleep issues. His BioTherm was refilled. The patient does continue with neuropathic pain. This patient has been intolerant to other treatment including physical therapy, activity restrictions, medications, and home exercise, and does remain significantly symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-THERM TOPICAL CREAM (MENTHYL SALICYLATE 20%, MENTHOL 10%, CAPSAICIN 0.002%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines state that capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish this fact. The PR-2 dated 12/23/13 states the patient has been intolerant to other treatments, including medication. However, the medical records do not specify what medications were not tolerated, and what type of side effects the patient experienced with the medications. In addition, according to the report, the patient reported reduction of pain from 6/10 to 3/10 after taking medications. This would indicate the patient is also taking oral medications, which he apparently is tolerating. The medical records do not establish BioTherm is medically necessary as there is no clear evidence of notable pain relief specifically attributable to this topical agent, and exhaustion or intolerance of other treatment has not been established.