

Case Number:	CM14-0022981		
Date Assigned:	05/14/2014	Date of Injury:	01/22/2013
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 & 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 51 year old male who was injured on 01/22/2013 when he fell backwards. Prior treatment history has included the patient undergoing right shoulder arthroscopic surgery on 04/11/2013. The patient underwent 3 weeks of physical therapy with no significant relief. Diagnostic studies reviewed include MRI of the right shoulder dated 03/04/2013 revealing: 1) Full thickness tears seen involving the distal supraspinatus and infraspinatus tendons associated with tendon retraction. 2) Partial intrasubstance tear involving the superior portion of the distal subscapularis tendon without tendon retraction or muscle atrophy. 3) Moderate degenerative hypertrophic changes of the acromioclavicular joint. 4) Mild glenohumeral joint space narrowing. X-rays of the right shoulder dated 09/18/2013 revealed normal alignment. No high riding humeral head. There were no fractures. There was highly subluxed distal clavicle with possibly previous distal clavicle excision. PR-2 dated 10/30/2013 documented the patient with complaints of pain that affects his right shoulder, arm and chest. Objective findings one examination of the right shoulder reveal limited range of motion with flexion and abduction at 150 degrees, extension and adduction 40 degrees and internal and external rotation 70 degrees. Hawkins test was positive. There was painful arc of motion noted beyond 135 degrees. Diagnoses: 1. Right shoulder rotator cuff tear-status post arthroscopic exploration of the shoulder with arthroscopic rotator cuff repair, difficult secondary to the extent of retraction and size with arthroscopic subacromial decompression and bursectomy and resection of coracoacromial ligament. Treatment Plan: I will request more sessions of physical therapy and the patient was dispensed refill of capsaicin based Biotherm cream. UR report dated 02/07/2014 denied the request for Biotherm cream. He is status post arthroscopic exploration of right shoulder with rotator cuff repair difficult secondary to extent of retraction and size with arthroscopic subacromial decompression and bursectomy and resection of coracoacromial

ligament. The Biotherm was recommended for treatment of pain from osteoarthritis. His history and documentation do not objectively support the request for Biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM DOS: 12/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental based on a few randomized controlled trials and there is little to no scientific based evidence to support the use of many of these agents. Furthermore, they are not FDA approved for joint pain. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, the request for Biotherm dispensed on 12/13/13 is not medically necessary and appropriate.