

Case Number:	CM14-0048084		
Date Assigned:	07/02/2014	Date of Injury:	08/22/2011
Decision Date:	08/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female with a reported date of injury on 08/22/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic cervical spine strain, rule out disc herniation, chronic lumbar strain with radiation to the lower extremity, and history of depression and anxiety, as well as sleep difficulties. The previous treatments were noted to include epidural steroid injection and medications. The progress note 02/24/2014 revealed the injured worker had received an L5-S1 epidural steroid injection on 01/30/2014 and reported 60% improvement in her pain from the first injection, and had pain improvement for the first 3 weeks; however, the pain had returned and now it was almost as bad as it used to be. The physical examination revealed a positive straight leg raise on the right side and her strength was noted to be 5/5 to the left lower extremity. The right lower extremity was noted to have strength rated 5/5 and reflexes were 2+ in the knees and Achilles. The Request for Authorization Form dated 03/05/2014 was for Bio-therm cream 2 times to 3 times daily as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Bio-Therm (Menthyl Salicylate 20% / Menthol 10% / Capsaicin 0.002%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, 11th Edition, Pain (updated 11/14/13) Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state 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 any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines' formulations for capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin. There is no current indication that this increase over 0.025% formulation would provide any further efficacy. The guidelines recommend a 0.025% formulation for osteoarthritis, which the injured worker does not have a diagnosis of. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, Compounded Bio-Therm (Menthyl Salicylate 20% / Menthol 10% / Capsaicin 0.002%) is not medically necessary.