

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0222000 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 03/24/2014 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/26/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 35 year old male, who sustained an industrial injury on 3-24-2014. The injured worker is being treated for incomplete rotator cuff tear-rupture left shoulder, status post left shoulder arthroscopy and left shoulder bursitis. Treatment to date has included surgical intervention, diagnostics, and medications. Per the Primary Treating Physician's Progress Report dated 10-05-2015, the injured worker presented for follow-up with persistent pain in the left shoulder. He rated his pain as 4-5 out of 10, described as frequent and the same. The pain is made better with rest and medication. He takes over the counter medication, as needed which brings the pain down to 2 out of 10. Objective findings of the left shoulder included significantly decreased range of motion with tenderness and hypertonicity of the trapezius muscles on palpation. Neer's and Hawkin's impingement tests were positive. He was to return to work unrestricted as of 10-05-2015. The plan of care-included continuation of home exercise program, evaluation by an orthopedist, physical therapy with massage for the left shoulder and Bio-Therm topical medication. Authorization was requested on 10-21-2015 for Bio-Therm (methyl salicylate 20%-menthol 10%-capsaicin 0.002%) 4oz. On 10-26-2015, Utilization Review non-certified the request for Bio-Therm (methyl salicylate 20%-menthol 10%-capsaicin 0.002%) 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm (methyl salicylate 20%, menthol 10%, capsaicin 0.002%), Qty 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.