

<b>Case Number:</b>	CM15-0222141		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 38 year old male, who sustained an industrial injury on 4-03-2006. The injured worker was diagnosed as having other intervertebral disc disorders, lumbar region, lumbago, and sprain of lumbar spine ligaments. Treatment to date has included diagnostics, chiropractic, and medications. On 10-06-2015, the injured worker complains of persistent low back pain, at times radiating down to the bilateral buttocks, rated 3 out of 10 (rated 4 out of 10 on 8-26-2015). Pain was made better with rest and medications and he reported taking Motrin on only an as needed basis. He did not like to take oral medications. He was currently working, unrestricted. Exam of the lumbar spine noted decreased range of motion, positive straight leg raise on the right, slight decreased strength in great toe extension, tenderness in the inguinal area, Faber's positive on the right, and the appearance of "focal hip injury" ("not part of the patient's claim"). Failed medications, if any, were not documented. He was prescribed Bio-Therm for application to the affected area two to three times daily. On 10-27-2015 Utilization Review non-certified a request for prescription Bio-Therm (Methyl Salicylate 20%-Menthol 10%-Capsaicin 0.002%), 4 oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription: Bio-Therm (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%), 4 oz:**  
 Upheld

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

**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 NSAIDs the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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.