

Case Number:	CM15-0222268		
Date Assigned:	11/18/2015	Date of Injury:	04/03/2013
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 58 year old female who sustained an industrial injury on 8-28-2009. A review of medical records indicates the injured worker is being treated for sprain of right rotator cuff capsule, sprain of left rotator cuff capsule, unspecified sprain of the right wrist, and unspecified sprain of the left wrist. Medical records dated 10-5-2015 noted pain in bilateral shoulders rated 8 out of 10 which was unchanged from the prior visit. Bilateral wrist pain was rated 8 out of 10. Medications bring pain to 4 out of 10. Physical examination noted decreased range of motion to the cervical spine and tenderness, there was decreased range of motion to the shoulders and tenderness. Treatment has included Norco and Naproxen. Utilization review form dated 10-27-2015 non-certified Bio-Therm Menthy-Salicylate 20%-Mentol 10%-Capsaicin 0.002%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical bio-therm menthy/salicylate 20%/menthol 10%/capsaicin 0.002%:
Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin and menthol. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.