

Case Number:	CM13-0065644		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2007
Decision Date:	04/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 38 year old male with a date of injury of 12/10/2007. The listed diagnoses dated 11/04/2013 are: (1) Chronic cervical strain, rule out disk herniation, (2) Chronic lumbar strain, (3) Cervicogenic cephalgia. According to report dated 11/04/2013 noted that the patient presents with continued cervical and lumbar spine pain. Examination of the cervical spine revealed limited range of motion. There was tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. Palpation of the trapezius muscles revealed hypertonicity bilaterally. Examination of the lumbar spine revealed limited range of motion. There was tenderness and hypertonicity noted over the paraspinal muscles bilaterally. Kemp's test was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Capsaicin based BioTherm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This patient presents with chronic upper and lower back pain. The treater is requesting capsaicin-based BioTherm topical cream. Utilization review dated 12/06/2013 denied request stating, "Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment." For capsaicin, MTUS Guidelines page 29 states, "Recommended only as an option in patients who have not responded or are intolerant to other treatment. There are positive randomized studies with capsaicin cream and patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain." The treater's report dated 11/04/2013 states that the patient continues with nonspecific lower back pain, neuropathic pain, osteoarthritis, and musculoskeletal pain. It was noted that the patient is intolerant to other treatments including physical therapy, acupuncture, chiropractic therapy, activity restrictions, medication, and does remain significantly symptomatic. Given the patient's continued symptoms, the use of capsaicin at 0.025% concentration may be indicated. However, the treater has prescribed "capsaicin-based BioTherm topical cream" without disclosing concentration of capsaicin and other components that are contained. Without knowing what is exactly in this compounded cream, it cannot be recommended for authorization. Recommendation is for denial.

1 stationary bike: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with continued upper and lower back pain. Treater is requesting a stationary bike as the patient should avoid high impact exercise and would benefit from a stationary bike for use at home. The MTUS and ACOEM Guidelines do not discuss stationary bikes. However, ODG Guidelines states under gym membership, "while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline." There is no evidence that chronic pain patients require specialized equipments such as a stationary bike to achieve an effective home exercise program. Recommendation is for denial.