

<b>Case Number:</b>	CM13-0012800		
<b>Date Assigned:</b>	09/24/2013	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 52-year-old male who reported an injury on 01/04/2012. The patient's symptoms include lumbosacral spine pain, right knee pain, and right leg pain. His medications are noted to be Norco 1 tablet, Ambien 1 tablet as needed, and Biotherm cream, which is noted to consist of capsaicin 0.002%, with instructions to apply a thin layer to the affected area 2 to 3 times a day as directed. Objective findings included tenderness, swelling, and crepitation with range of motion, of the right knee. Active range of motion was 0 to 130 degrees. The patient's diagnosis is postop status post right knee scope with debridement of a medial meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of compound medication Biotherm for right knee.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 112-113.

**Decision rationale:** According to California MTUS Guidelines, topical capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. The patient was noted to have been attending rehabilitative therapy, which had

improved his symptoms. Additionally, he had requested medication that was less strong for pain and was switched to tramadol from Norco. Therefore, the documentation has shown that the patient has had positive response to other treatments. Additionally, it is not otherwise noted that the patient is intolerant to other medications or treatments. For these reasons, the requested prescription of compound medication Biotherm for right knee is non-certified.