

Case Number:	CM13-0015026		
Date Assigned:	10/04/2013	Date of Injury:	12/18/2008
Decision Date:	01/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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:

This is a 44 year old female with a surgical history of left knee arthroplasty in Feb. 2009 and left knee arthroplasty with partial knee replacement in June 2010. There was an episode of pericarditis requiring hospitalization and IV antibiotics for 8 days in May 2012. She began working as a cashier from June 1994 to June 2001. She was then rehired as a cashier in December 2002. She has two continuous trauma injuries. Her first continuous trauma injury was from 12/31/02 through 12/18/08, and the second continuous trauma injury was from 06/02/09 through 03/17/10. While employed as a cashier/grocery manager/scan coordinator, injured the following body parts due to constant trauma on the job: knee (both knees), wrist (right wrist) (left wrist), body sms (sleep), body sms (internal), (both thighs), (anxiety), (deconditioning), (right foot). Diagnoses: 1) Chronic wrist strain,bilateral. 2) Bilateral carpal tunnel syndrome 3) Chronic left knee sprain 4) Chondromalacia, lateral femoral condyle, left (OR 02/02/09] 5) SIP Lateral meniscal debridement, chondroplasty, left (OR 02/02/09] 6) SIP Lateral compartment arthroplasty, left knee.[OR 06/02/10] 7) SIP left knee TKA, [OR 10/20/12] 8) SIP left knee manipulation under anesthesia,(OI/13] 9) Compensatory sprain, right knee 10) Osteoarthritis 11) Obesity 12) Depressive disorder

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm pain relief lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Biotherm contains Flubiprofen Powder, Cyclobenzaprine HCL Powder, Menthol Crystals and Pentravan Plus Cream Base. Flurbiprofen (Ansaldo) is discussed in the California MTUS Chronic Pain Medical Treatment Guidelines only as an oral nonsteroidal anti-inflammatory drug (NSAID) medication. Cyclobenzaprine is mentioned for use only as an oral agent. It is generally not recommended also in accordance with the California MTUS Chronic Pain Medical Treatment Guidelines, which does not recommend the use of any muscle relaxants as a topical product. The use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Therefore the request for Biotherm pain relief lotion, QTY 1, is not medically necessary.

Theraflex cream, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines indicate that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Theraflex lotion is a topical analgesic containing the following ingredients: Deionized, distilled water, Methyl salicylate (wintergreen) Copper, Amino acid complex, Zinc Amino acid complex, Manganese Amino acid complex, MSM Lysine-aspartate (dipeptide), Aloe vera, DPG, (highly purified licorice extract), Proprietary herbal blend including Arnica, Turmeric, Ginger, Boswellin, Angelica, Smilacis, Fang feng, Bai Shao (white peony), Sweet Almond oil, Capric caprylic triglycerides, Emulsifying agents (including Arlacel, Glyceryl stearate, Polawax). According to the MTUS guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, \hat{I}^{\pm} -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^{β} agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore the request for topical Theraflex cream, QTY 1, is not medically necessary.