

Case Number:	CM13-0015461		
Date Assigned:	10/09/2013	Date of Injury:	10/06/2011
Decision Date:	01/24/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Pain Management, 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 50-year-old, female with a date of injury of 10/6/11. The progress report dated 7/1/13 by [REDACTED] noted that the patient continued to complain of pain and swelling in the left knee. Exam showed anterior compartment tenderness and pain at endpoint of extension. Her flexion was limited at 90 degrees. The patient's diagnoses include: Status post left knee arthroscopy and debridement of meniscus on 3/15/13. The patient was provided with Bio Therm topical cream to address her neuropathic pain as well as decrease her dependence on oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm (Capsaicin 0.002%) cream 4 oz, to the Left Knee: Upheld

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

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

Decision rationale: The progress report dated 7/1/13 by [REDACTED] noted that the patient continued to complain of pain and swelling in the left knee. Exam showed anterior compartment

tenderness and pain at endpoint of extension. Her flexion was limited at 90 degrees. The patient's diagnoses include: Status post left knee arthroscopy and debridement of meniscus, as noted on the 3/15/13 report. The patient was provided with Bio-Therm topical cream to address her neuropathic pain, as well as to decrease her dependence on oral medications. The progress reports dated 5/2/13 and 6/3/13 indicate that the patient received a refill of the Bio-Therm cream. Previous records do not include this medication or any failed trials of any medications for neuropathic pain. The reports do not indicate what "Bio Therm" is or what it contains. Search of the web shows that this is a skin lotion product containing vitamins and possibly Capsaicin. It appears to be a proprietary skin product and its ingredients are not disclosed. California Chronic Pain Medical Treatment Guidelines do not recommend a compounded topical product if one of the component is not recommended. In this case, a vitamin topical product has no support or evidence of efficacy for pain condition. This has not been studied and not mentioned in any of the guidelines. Therefore the request for Bio-Therm cream is not medically necessary and appropriate.