MAXIMUS Federal Services

Case Number:	CM13-0019087		
Date Assigned:	10/11/2013	Date of Injury:	12/11/2007
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Pain Management, 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.

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 55-year-old with a date of injury on 12/11/07. The diagnoses include, Left leg joint pain and left leg osteoarthritis. UR dated 8/22/13 shows the request for Biotherm Lotion that was denied stating that CA MTUS do not recommend topical creams or patches as they are considered highly experimental, and there was no trials of antidepressants or anticonvulsants

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm lotion, 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: The medical reports from [redacted] discuss a patient awaiting a right knee TKA (total knee arthroplasty), and state he recommends heat and ice, Dyotin SR 250mg capsules, Theraflex cream and Bio-Therm Pain relieving lotion. There is no description of what the Bio-Therm pain relieving lotion contains. Without knowing the components of a compound topical, it cannot be compared to Chronic Pain Medical Treatment Guidelines criteria. However, in general for topical analgesics, the Chronic Pain Medical Treatment Guidelines states they are: "Primarily recommended for neuropathic

pain when trials of antidepressants and anticonvulsants have failed." UR points out there have been no reported trials of antidepressants and anticonvulsants, and I would point out that there is no diagnosis or exam finding that suggests the patient has neuropathic pain. The request is not in accordance with MTUS guidelines. The request for Biotherm lotion, 120 ml, is not medically necessary or appropriate