

Case Number:	CM13-0032123		
Date Assigned:	12/04/2013	Date of Injury:	12/21/2010
Decision Date:	03/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/07/2013

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 is licensed to practice in Illinois, Indiana 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 66-year-old male who reported an injury on December 21, 2010. The mechanism of injury was not specifically stated in the medical records. The patient's diagnoses include rotator cuff tear, biceps tendon rupture, and bursitis in the shoulder. His medications are noted to include hydrocodone/APAP 10/325mg, Cyclobenzaprine 7.5mg, Diclofenac ER 100mg, and Biotherm pain relieving lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Biotherm pain relieving lotion, 120mL, prescribed on July 18, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Compound Drugs.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended to treat neuropathic pain after trials of anticonvulsants and antidepressants have failed to control symptoms. The clinical information submitted failed to show evidence of

neuropathic pain or the failure of antidepressants and anticonvulsants prior to the use of Biotherm pain relieving lotion. Additionally, the guidelines state that any compounded product that contains at least 1 drug that is not recommended is not recommended. Biotherm pain relieving lotion is noted to include methyl salicylate, menthol, and topical capsaicin. Topical capsaicin is noted to be recommended only when a patient has documentation of intolerance or nonresponsive to other treatments. As the clinical information submitted failed to provide significant evidence of neuropathic pain, which did not respond to first line treatments, the request is not supported. As such, the request is non-certified.