

<b>Case Number:</b>	CM13-0034544		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Internal Medicine 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 31-year-old female with a date of injury listed as 08/01/2013. However, in reviewing the notes, her injury is reported as a 'cumulative trauma' to her right wrist over time doing her usual work related activities. She carries a diagnosis of right wrist De Quervain's tenosynovitis, carpal tunnel syndrome, and ganglion cyst. An MRI was done showing no fracture or active inflammatory tenosynovitis but it did show the ganglion cyst. Electical myography and nerve conduction studies showed mild right median nerve (carpal tunnel syndrome) findings, but no cervical radicular findings of concern. Physical therapy is reported to have given her temporary benefit, but not with long lasting relief. She has been using the requested medication, Biotherm, but no other mention of other medications tried or failed is reported in the notes provided. She also carries a comorbid diagnosis of generalized anxiety but no mention of any treatment for this condition is reported. The request is for Biotherm, which contains Menthol, Salycilyate, and Capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF BIOTHERM CREAM:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Biotherm lotion contains three ingredients: menthol, salicylate, and capsaicin. The MTUS Guidelines states topical salicylates can be recommended for osteoarthritic pain. This patient does not have evidence of osteoarthritis by diagnostic criteria and MRI of the wrist joints shows no osteoarthritis. The MTUS Guidelines states topical capsaicin may be used only if failure or intolerance to other treatments is documented. Per the records available, there is no clear documentation of any other types of oral or topical medication intervention (oral non-steroid anti-inflammatory drugs, for example) given to the patient. Furthermore, the MTUS Guidelines recommends that one medication be trialed at a time and provide documentation of the outcome. Based on the lack of evidence in the medical record of past treatments and failures, and the fact that the compounded biotherm contains capsaicin (use if only failure or intolerance of other interventions documented), the Biotherm is not medically necessary.