

<b>Case Number:</b>	CM13-0036291		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 59-year-old female who reported an injury on April 20, 2007. The patient is diagnosed with osteoarthritis of the knee and pain in a joint of the lower extremity. The patient was recently seen by [REDACTED] on September 26, 2013. The patient reported a 6 out of 10 pain level in the left knee. Physical examination revealed anterior tenderness with stiffness and a limping ambulation. Treatment recommendations included continuation of physical therapy and continuation of current medications including TheraFlex cream, Biotherm pain relieving lotion, and diotin SR 250mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) Theraflex Cream 180mg:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended when trials of antidepressants and anticonvulsants have failed. Any

compounded product that contains at least one (1) drug that is not recommended is not recommended as a whole. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

**one (1) 4oz bottle of Bio-Therm Lotion:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (1) drug that is not recommended is not recommended as a whole. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.