

Case Number:	CM13-0044645		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2010
Decision Date:	02/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Oklahoma, 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 37 year old female who reported an injury on 06/08/2010. The mechanism of injury was noted to be a slip and fall. Her diagnoses included chronic cervical strain, chronic lumbar strain, right small finger swan neck deformity, and bilateral knee patellofemoral chondromalacia. The patient's medications are noted to include Motrin 2 tablets a day, Prilosec 1 a day, and BioTherm topical cream 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioTherm Topical Cream (Menthyl Salicylate 20% Menthol, 10% Capsaicin 0.002%) 4oz:
Upheld

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

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

Decision rationale: BioTherm topical cream is noted to include menthol, methyl salicylate, and capsaicin. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials determining efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Additionally, compounded products that contain at least 1 drug or drug class that is not recommended are not recommended. BioTherm topical cream is noted to include capsaicin. The use of topical capsaicin is only recommended for patients who have not responded or are intolerant to other treatments. The clinical information submitted for review failed to provide details regarding previous treatments that the patient did not tolerate or did not respond to in order to warrant the use of topical capsaicin. Additionally, the patient's pain is not noted to be neuropathic in nature, and the use of topical analgesics is primarily for neuropathic pain. For these reasons, the request is non-certified.