

<b>Case Number:</b>	CM13-0044946		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 an employee of [REDACTED] Company, Inc. and has submitted a claim for a meniscus tear of the left knee associated with an industrial injury of February 25, 2012. Treatment to date has included physical therapy, pain medications, and left knee meniscectomy. Medical records from 2013 were reviewed showing that the patient was undergoing partial meniscectomy for the left knee in August 2013. Postoperatively, the patient was noted to be doing much better and has been going to physical therapy. The patient complains of increased pain when going up and down stairs as well as pain in the right knee. Objectively, the patient has mild tenderness and a limping ambulation in his bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BIO-THERM PAIN RELIEVING LOTION 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. BioTherm contains capsaicin. The California MTUS recommends topical capsaicin only as an option in patients who have not responded to or intolerant of other treatment. In this case, it is unclear whether the patient has failed oral medications or was intolerant to them. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for BioTherm is not medically necessary.