

<b>Case Number:</b>	CM13-0051825		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 a 47-year-old who has a date of work injury November 17, 2011. There is a request for Biotherm 4 oz. The diagnoses include left knee meniscal tear, status post arthroscopy, left knee patellofemoral chondromalacia. There is a December 20, 2013 QME that states that on physical exam inspection revealed mild effusion in the left knee. There were well healed scars noted on the left knee. The range of motion is decreased in left knee flexion. Palpation revealed tenderness over the patella and medial joint line on the left knee. Crepitus is present. Patellofemoral grind test: was positive on, the left. Muscle strength was 5/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-THERM (MENTHYL, MENTHAL, CAPSAICIN) 4OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 78.

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

**Decision rationale:** Biotherm contains Capsaicin .The Chronic Pain Medical Treatment Guidelines states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted does not reveal

that patient is unable to take oral medications. Additionally, the Chronic Pain Medical Treatment Guidelines states that topical analgesics are, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. " Furthermore, the request has no specification of duration or frequency. The request for bio-therm (menthyl, menthal, capsaicin), 4 oz, is not medically necessary or appropriate.