

Case Number:	CM13-0052565		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2001
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, 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 49-year old female with a date of injury of 7/16/01. She is under the care of an orthopedic specialist for a compensatory lumbar strain due to gait derangement, lumbar spondylosis/retrolisthesis, right elbow contusion, status post two right knee arthroscopies, and right knee end-stage degenerative arthritis/post-traumatic arthritis. Most recent reports indicate that a right total knee arthroscopy is being planned, and cardiac clearance is pending. The patient has a long history of pain medication use with Ultram, and has also been using the topical cream BioTherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 4 ounces of BioTherm topical 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 Page(s): 28, 105, 111-113..

Decision rationale: The California MTUS does support use of both Capsaicin and topical salicylates, but does note that with regards to compounded products, they are not recommended if one drug/drug class within them is not recommended. Guidelines go on to state that if a

compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. In this case, there is no clear rationale for combining of these two agents, no discussion of how each specific analgesic effect combined into one cream would be useful for a specific goal, and there is no evidence after months of use that this has resulted in a clinically significant benefit. Medical necessity for continued use of Bio-Therm is not established. As such, the request is noncertified.