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| Case Number: | CM13-0053743 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/01/1997 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 injured worker is a 61 year old female. The injured worker's date of injury was May 1st, 1997. The diagnosis includes left knee advance arthritis. Conservative therapies to date have consisted of physical therapy, Synvisc injection, and pain medications. There is documentation in the progress notes, such as the note on date of service October 30, 2013, that the patient continues with neuropathic pain, osteoarthritis, and musculoskeletal pain. The disputed issue is the request for the bio thorough and topical cream. A utilization review determination had noncertified this request because there was "no documentation of failed trials of anticonvulsants and antidepressants, as well as the claimant being unresponsive and intolerant to all other treatments such as oral pain medications that would allow for a trial of topical medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm topical 4oz. cream (Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: In the case of this injured worker, the submitted documentation does not enumerate the medications that the patient was unable to tolerate. Topical analgesics in general are recommended as second line agents if patient could not tolerate other neuropathic pain medications. The guidelines clearly specify that capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. Therefore this request is not medically necessary and appropriate.