MAXIMUS Federal Services

Case Number:	CM13-0055860		
Date Assigned:	12/30/2013	Date of Injury:	11/06/1991
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 52 year old male. He suffered a work injury to his knees on 11/6/91.The patient's complaints are bilateral knee pain. His diagnoses include knee/lower leg DJD arthritis, muscle spasm, internal derangement of the lower leg/hemarthrosis, knee and lower leg pain. There is a request for the medical necessity of Bio-Therm 120 gm. His prior treatment included physical therapy, medication management, stimulation unit, Supartz and cortisone knee injections. There is a 12/10/13 supplemental report on pain management progress which reveals that the patient states that he is receiving Hyalgun injections for both of his knees. He is able to be more active before his pain level increases which has been beneficial for him. He continues to remain functional in his ADLs with medications and TENS unit. He has been able to be without knee braces. On physical exam the patient is alert and oriented. He is in no acute distress. He has no loss of coordination. He can transition on and off the examination table. He has less stiffness and guarding than last visit. His gait is mildly antalgic for bilateral knees left more than the right. He is not wearing braces. There are diffuse trigger points and spasm in the left quad, paralumbar muscles and left medial hamstring. There is tenderness of the superior joint line on the lateral side bilaterally. The range of motion of bilateral knees is better overall on this visit but slightly stiff. There is no increased heat or edema. Per documentation the patient has had 6 surgeries on his left knee and has been told he requires another scope and has had 2 surgeries on his right knee and is deemed needing further surgery to reduce the inflammation and pain as eventually he will need bilateral knee replacements. His medications include amitriptyline,Norco, Restoril, Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM 120GM: Upheld

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

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

Decision rationale: Bio-Therm 120gm is not medically necessary per the MTUS guidelines. Per the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Biotherm contains (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) The MTUS 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 intolerant to other oral medications. Salicylate topicals (such as methyl salicylate) are recommended by the MTUS for osteoarthritis and tendinitis in joints that are amenable to topical treatment and only recommended for short-term use (4-12 weeks.)The documentation indicates that the patient has used Bio Therm since at least 9/25/13. There is no significant documentation of functional improvement or improvement in pain from prior use of this particular medication. Additionally, the MTUS states that topical analgesics are, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. " The request for Bio-Therm for the 120gm is not medically necessary and is recommended as non certified.