

<b>Case Number:</b>	CM13-0061668		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/1981
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 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 58 year old male who was injured on 07/27/1981. The patient indicated that his neck and additional injuries were a consequence of 22 years of service as a police officer. Prior treatment history has included Synvisc One injection which only provided approximately 1 month of relief; and a viscosupplementation injection and has noted the efficacy has been diminishing over time. The patient underwent a right endoscopic carpal tunnel release on 06/03/2013. The patient also underwent a C5-C6 and C6-C7 anterior cervical discectomy and fusion in 06/2011. Electromyography (EMG)/Nerve Conduction Velocity (NCV) performed 04/18/2011 revealed chronic bilateral cervical radiculopathies, probably C7, cannot rule out C8; moderate right carpal tunnel syndrome; moderate left carpal tunnel syndrome; mild left ulnar neuropathy at the elbow. There was no electrodiagnostic evidence of right ulnar neuropathy at the elbow. There was no evidence of pronator teres syndrome, ulnar neuropathy at the wrist, radial neuropathy, or brachial plexopathy, bilaterally. Diagnostic studies reviewed include EMG/NCV performed 03/27/2013 revealed chronic bilateral cervical radiculopathies, probably C7, cannot rule out C8; marked carpal tunnel syndrome, bilaterally, left greater than right; mild right ulnar neuropathy at the elbow and wrist; mild left ulnar neuropathy at the elbow. PR note dated 03/27/2013 documented the patient to have complaints of weakness, numbness, tingling, and shooting pain from left elbow down to fingers, occasional numbness and tingling in the right hand, and decreased left grip strength. Objective findings on exam revealed range of motion of the cervical spine was within normal limits. Tinel's sign was positive over the median nerves at both wrists and over the ulnar nerves at both elbows; strength was 5/5 in both upper and lower extremities; Tone and bulk were normal in both upper and lower extremities. The patient walked with a normal gait; reflexes were 1+/4 in both upper and lower extremities. PR note dated 10/10/2013 documented the patient to have complaints of stiffness, achiness and pain in regard

to his left knee and difficulty with prolonged weight bearing activities. Objective findings on exam included left knee tenderness to the patellofemoral articulation with positive patellofemoral Crepitation, trace effusion and range of motion was 0 to 125 degrees. PR note dated 10/24/2013 documented the patient to have complaints of pain that affected his cervical spine, lumbar spine, left shoulder, left wrist, bilateral knees, and left foot. The patient had been using Bio-Therm topical cream. He rated his pain level as 4/10 on a pain scale of 0 to 10 before medications. Objective findings on exam revealed the cervical spine had limited range of motion. There was tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. Palpation of the trapezius muscles revealed hypertonicity bilaterally. The lumbar spine revealed limited range of motion. There was tenderness to palpation noted over the lumbar paraspinal muscles bilaterally. Palpation of the lumbar paraspinal muscles revealed hypertonicity bilaterally. The left knee revealed limited range of motion with flexion to 130 degrees and normal extension to 0 degrees. Palpation of the medial joint line and lateral joint line revealed tenderness bilaterally; McMurray's and Patellofemoral grind tests were positive; strength was 4+/5 in the quadriceps. The patient was diagnosed with Cervical disc disease; status post anterior cervical decompression and fusion; lumbar degenerative disc disease; left ulnar neuropathy; left shoulder impingement syndrome; bilateral knee osteoarthritis; left foot osteoarthritis; metatarsalgia and plantar fasciitis of the right foot; status post left endoscopic carpal tunnel release. Recommended to continue medications and he received a refilled his Bio-Therm cream which continued to allow him to function daily, perform his ADL's and minimized his oral medical usage. It was recommended that the patient be provided capsaicin based Bio-Therm cream as he has not responded to other treatments. The patient did continue with non-specific lower back pain, neuropathy pain, and osteoarthritis. The patient has been intolerant to other treatment included physical therapy, activity restrictions, medications, and home exercise and did remain significantly asymptomatic.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription of Bio-term topical cream DOS: 10/24/2013 between 10/24/2013 and 10/24/2013: 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:** Per MTUS, any topical analgesic that has one compound that is not recommended, is not recommended. Menthol is not a recommended compound. Furthermore, efficacy and safety of chronic use of topical NSAIDs has not been demonstrated. Therefore, Bio-term topical cream is non-certified.