

Case Number:	CM13-0065251		
Date Assigned:	01/03/2014	Date of Injury:	12/29/2009
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, knee, and shoulder pain reportedly associated with an industrial injury of December 29, 2009. Thus far, the applicant has been treated with following: Analgesic medications, attorney representation; topical compounds; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 6, 2013, the claims administrator denied a request for a topical Biotherm compound. The applicant's attorney subsequently appealed. An earlier progress note of November 4, 2013 is sparse and notable for ongoing complaints of 5-9/10 knee and neck pain. The applicant did not appear to be working as of that point in time. In an earlier progress note of October 7, 2013, the applicant was given a prescription for oral Motrin and the topical compound in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm topical cream (Menthyl Salicylate 20% Menthol 10% Capsaicin 0.002%) 4oz x2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

Decision rationale: Biotherm is an amalgam of three different topical agents. One of the ingredients here, capsaicin, however, is considered a last-line agent per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, which suggests that capsaicin usage be reserved for those applicants who have proven intolerant to and/or failed other first-line treatments. In this case, however, the applicant is described as using a first-line oral pharmaceutical, Motrin, with reportedly good effect, effectively obviating the need for the capsaicin-containing Biotherm topical compound. Therefore, the request is not certified, on Independent Medical Review.