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| Case Number: | CM13-0065596 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/30/2004 |
| Decision Date: | 04/18/2014 | 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 04/30/2004. The mechanism of injury was continuous trauma related to the performance of job duties. The patient subsequently developed carpal tunnel syndrome and tenosynovitis of the bilateral upper extremities. The patient later received a left carpal tunnel release on 10/26/2012, with an appropriate course of postoperative physical therapy. This procedure alleviated the patient's symptoms; however, she developed triggering of the left thumb beginning in 05/2013. The patient received injections to help relieve the triggering, with no benefit. In 11/2013, the patient was referred for additional electrodiagnostic studies to rule out ulnar neuropathy; however, it is unclear if this was performed. Pending results of this electrodiagnostic study, the patient would be receiving an A1-Pulley release of the left thumb with flexor tenosynovectomy, and if positive ulnar neuropathy, an ulnar nerve release. Also on this date, the patient presented with a positive Finkelstein's test, decreased sensation in the median and ulnar nerve distributions, and there was pain with a palpable mass over the left MCP. The patient is noted to maintain pain control with use of oral and 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 CREAM 4 OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend topical analgesics to treat primarily neuropathic and osteoarthritic pain. Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, deems the entire product not recommended. Biotherm topical cream includes formulations of methyl salicylate 20%, menthol 10%, and capsaicin 0.002%. Capsaicin in particular, is recommended only as an option in patients who have not responded or who are intolerant to other treatments. In addition, the only form of capsaicin that is currently recommended is 0.025%. As the clinical information submitted for review did not provide evidence of the failure of other primary treatments, and the formulation of capsaicin in the Biotherm cream is not a guideline-recommended formulation, the topical cream is not indicated at this time. As such, the request for Biotherm topical cream 4 ounces is non-certified.