

Case Number:	CM13-0065769		
Date Assigned:	01/03/2014	Date of Injury:	12/31/2011
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 47-year-old female with a 12/31/11 date of injury. At the time (10/7/13) of request for authorization for retrospective prescription of Biotherm x 2 (duration and frequency unknown) dispensed on 10/07/13 for bilateral knee strain and right elbow, there is documentation of subjective (severe pain that affects the right elbow and bilateral knees) and objective (marked tenderness to palpation over the lateral compartment of the elbow, tenderness to palpation in the left knee, and crepitation with range of motion and weakness) Final Determination Letter for IMR Case Number CM13-0065769 3 findings, current diagnoses (left knee meniscal tear and right elbow lateral epicondylitis), and treatment to date (physical therapy and medications (including ongoing treatment with Biotherm)).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF BIOTHERM X 2 (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 10/07/13 FOR BILATERAL KNEE STRAIN AND RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION COMPOUND MEDICATIONS Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Biotherm is a compounded medication that includes the following ingredients: capsaicin 0.002 %- methyl salicylate 20 %- and menthol 10 % Lotion. The MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective prescription of Biotherm x 2 (duration and frequency unknown) dispensed on 10/07/13 for bilateral knee strain and right elbow is not medically necessary.