

Case Number:	CM13-0066591		
Date Assigned:	01/03/2014	Date of Injury:	05/09/1995
Decision Date:	03/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, 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:

This 64 year old male is under the care of this provider for cervical spine, bilateral shoulder, and left knee pain. The patient is status post C4-6 cervical fusion and bilateral total knee replacement. A left knee revision total knee arthroplasty was performed on 3/7/05 due to an infection in the tibial component. The 11/7/13 treating physician report documented left knee flexion of 130 degrees with a 5 degree extension lag. There was no evidence of valgus/varus deformity or instability. Pain management records indicate that the patient is being maintained with medications including Neurontin, Lyrica, OxyContin, Vicodin, and Soma documented as providing pain relief and improving functional status. Bio-Therm topical cream has been requested for treatment of non-specific low back pain, neuropathic pain, osteoarthritis, and musculoskeletal pain. The treating physician has documented the use of this cream since at least 7/17/13 with VAS 3/10 pain reduction. A request has also been submitted for bilateral custom knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Bilateral knee custom braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Custom Knee Braces

Decision rationale: The Official Disability Guidelines recommend custom fabricated braces for patients with the following conditions that preclude the use of a prefabricated model: abnormal limb contour, skin changes, severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment, or severe instability noted on physical exam of knee. There is no current indication submitted by the treating physician to support the need for bilateral custom knee braces. There is no current documentation of any right knee symptoms or exam findings. According to the medical records provided for review, the left knee exam findings documented moderate pain with functional range of motion and no indications of instability. Given the failure to meet guideline criteria, the request for bilateral custom knee braces is not medically necessary and appropriate.

Bio-therm topical cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request under consideration is for the topical compound cream BioTherm which is composed of Menthyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Guidelines recommend the use of topical Capsaicin as an option in patients who have not responded or are intolerant to other treatments and indicate that it may be useful in patients with osteoarthritis and non-specific back pain. Topical salicylates are recommended for osteoarthritis of the knee but only for short term use (4-12 weeks) and are not recommended for neuropathic pain as there is no evidence to support use. Use of this topical cream exceeded 4 months at the time of request. There is no documentation that the patient has not responded to or has been intolerant of medications. Given the failure to meet MTUS Chronic Pain Guidelines' criteria for the use of all components in this compounded topical analgesic, this request for BioTherm topical cream is not medically necessary and appropriate.