MAXIMUS Federal Services

Case Number:	CM13-0069241		
Date Assigned:	01/03/2014	Date of Injury:	07/18/2008
Decision Date:	06/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 patient is a 42 year old male who was injured on 07/18/2008 as he lifted and threw a bag weighing approximately 50 pounds when he suddenly felt left wrist pain. Prior treatment history has included physical therapy, acupuncture therapy and medication. He underwent left wrist triangular fibrocartilage tear and arthroscopic repair on 10/22/2012with postoperative physical therapy. Diagnostic studies reviewed include EMG/NCV on 07/12/2013 revealing normal studies. Permanent and Stationary Report dated 11/14/2013 stated the patient was considered permanent and stationary as of 06/17/2013. The patient has returned to modified work. The patient noted that he takes Motrin as needed. Objective findings on examination of bilateral wrists reveal a decreased range of motion on the left. Finklestein's test was positive on the left. Diagnosis: 1. Status post left triangular fibrocartilage complex repair. 2. Left wrist tendinopathy. 3. Left wrist carpal tunnel syndrome, confirmed median nerve neuropathy. FC/mp

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM CREAM 4 OUNCE 120ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

Decision rationale: Biotherm cream is a compounded topical analgesic containing Capsaicin, Menthol and Salicylic acid. According to CA MTUS guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines states; "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Salicylate as a non-steroidal anti-inflammatory agent is not recommended for neuropathic pain. The available medical records do not address the failure of the first line medications mentioned by the guidelines. Therefore, the medical necessity for the requested Biotherm cream 4 ounce 120ml has not been established.