MAXIMUS Federal Services

Case Number:	CM14-0000573		
Date Assigned:	01/10/2014	Date of Injury:	07/01/2001
Decision Date:	06/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 56-year-old male with date of injury 7/1/01. The treating physician report dated 11/20/13 indicates that the patient presents with pain affecting the cervical spine, lumbar spine, bilateral shoulders, left elbow and bilateral knees. The current diagnoses are: chronic cervical spine strain, chronic lumbosacral strain, rule out disc herniation, bilateral shoulder rotator cuff syndrome, rule out tear, left knee meniscal tear status post arthroscopy, rule out recurrent meniscal tear, and bilateral knee early post traumatic arthritis. The utilization review report dated 12/18/13 denied the request for biotherm (methyl salicylate 20% / menthol 10% / Capsaicin .002% based on lack of peer reviewed scientific studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM (METHY SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) 4 OZ: Overturned

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

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

Decision rationale: The patient presents with chronic pain affecting the left elbow, knees, shoulders and cervical and lumbar spine. The treating physician notes in the 11/20/13 report that the patient's pain level is improved from 9/10 to 7/10 with taking medication. The treating physician goes on to state, "At this time, the patient does continue with osteoarthritis. This patient has been intolerant to other treatment including home exercise and does remain significantly symptomatic. I will provide the patient with capsaicin based Bio-Therm topical cream." The MTUS guidelines support topical non-steroidal anti-inflammatory drugs (NSAIDs) and states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." The treating physician in this case has documented that the patient has osteoarthritis of the knees and is recommending topical NSAID treatment which is supported in MTUS for the knees and elbow. The recommendation is for authorization.