

Case Number:	CM14-0000874		
Date Assigned:	02/05/2014	Date of Injury:	11/14/2012
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 an employee of [REDACTED] and has submitted a claim for right lateral epicondylitis and right forearm tendinitis associated with an industrial injury date of November 14, 2012. Treatment to date has included activity restriction, NSAIDs) non-steroidal anti-inflammatory drugs, opioids, topical analgesics, muscle relaxants, home exercise programs, physical therapy, and steroid injection. Medical records from 2012 to 2013 were reviewed. Patient complained of persistent right wrist pain. Physical examination of the right elbow showed tenderness over the lateral epicondyle and MMT of 4/5. Utilization review from December 6, 2013 denied the request for Biotherm. Reason for denial was unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REVIEW FOR BIO THERM (2. BIO THERM (MENTHYL SALICYLATE 20%, MENTHOL 10%, COPSOICIR0, 002%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.24.2, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylates Topical

Decision rationale: Page 111 of the Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, page 111 also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of the Chronic Pain Medical Treatment Guidelines states that salicylate topicals are significantly better than placebo in chronic pain. Pages 112-113 of the Chronic Pain Medical Treatment Guidelines state that capsaicin is not recommended for topical use, unless patient is intolerant to other treatments. Biotherm contains methylsalicylate 20%, menthol 10%, and capsaicin 0.002%. In this case, the patient has been using Biotherm since April 2013. Biotherm was being taken along with Zanaflex and Tylenol 3 with noted improvement in pain scores. There are no reports as to its functional gains and lack of adverse effects. Progress notes from December 12, 2013 reported intolerance to medications. However, documentation and specificity pertaining to intolerance and what medications caused the intolerance are lacking. Furthermore, there are no reports of failure of oral medications as evidenced by improvement of pain scores with Tylenol intake. Improvement of pain scores cannot be clearly attributed to Biotherm because the patient is likewise prescribed with oral muscle relaxants, NSAIDs, and opioids. In addition, certain components of this compound are not recommended for topical use. Therefore, the request for Biotherm is not medically necessary.