

Case Number:	CM14-0002285		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2013
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Practice and is licensed to practice in Texas. 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 claimant is a 56 year old male who reported an injury on 07/01/2013 due to unknown mechanism. The clinical note dated 11/25/2013, the claimant reported left knee pain that radiated to his left hamstring as well as just below the front of the knee. He also reported a clicking and popping sensation with swelling to his left knee. The patient rated his pain to the left knee at 1-4/10. He reported that his knee had given way and caused him to lose balance and he had experienced pain with prolonged walking, as well as with climbing and descending stairs. The patient completed two sessions of physical therapy and he reported therapy greatly aggravated his left knee. The patient reported difficulty sleeping. Upon the physical exam dated 11/15/2013, stability was normal and his patellar exam was normal. The meniscus exam findings revealed left lateral joint line tenderness and a positive lateral McMurray Test. The quadricep motor strength was 4+ on the left, sensation was normal bilaterally and reflexes were normal. The unofficial MRI scan dated 08/18/2013, revealed evidence of loose bodies in the knee. The request for authorization was submitted on 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BIO-THERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines, "transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines note menthoxypropanediol is not recommended. Bio-Therm is comprised of aqua, alcohol denat., cyclohexasiloxane, glycerin, prunes' armeniaca kernel oil, butylene glycol, butyrospermum parkii butter, carbomer, tryethanolamine, dimethiocone, tocopheryl acetate, panthenol, hexylene glycol, phenoxyethanol, perfume, chlorphenesin, xanthan gum, magnesium gluconate, serine, 2-oleamido-1,3-octadecanediol, citrulline, cholesterol, limonene, fructose, glucose, tocopherol, vitreoscilla ferment extract, biosacchardide gum-1, disodium EDTA, butylphenyl methylpropional, hexyl cinnamal, benzyl salicylate, urea, menthoxypropanediol, zinc gluconate, linalool, ceramide 3, hydroxypalmitoyl sphinganine, citral, dextrin, hydroxyisohexyl 3-cyclohexene carboxaldehyde, benzyl alcohol, copper gluconate, hexyl nicotinate, sucrose, glutamic acid, manganese gluconate, CI 42090, CI 19140, aspartic acid, alanine." As the guidelines note Menthoxypropanediol is not recommended the medication would not be indicated. As such, the request for Bio-Therm is not medically necessary and appropriate.