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| Case Number: | CM14-0003195 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 12/14/2012 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 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 male patient's date of injury is 12/14/12. Subsequent to the injury to his lower extremities he developed chronic ankle discomfort associated with persistent swelling and limitations. He completed a course of physical therapy, which was beneficial for the left ankle, but the right ankle problems persist. An MRI has been requested to rule out a osteochonral defect. He has utilized NSAID's for pain relief. The consulting physician dispensed Bio-Therm topical which is a blend of Methyl Salicylate, Menthol and .002% Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: The dispensed compound consists of readily available over the counter agents plus a strength of Capsaicin that is not MTUS Guideline recommended. There is Guideline support for at least a trial .025% Capsaicin, but other strengths are not recommended. There is no medical rationale given to justify compounding less than 1/10 of the recommended

strength of Capsaicin. The recommended strength of Capsaicin is readily available over the counter as are the other agents. There are no circumstances that would justify an exception to MTUS Guideline recommendations. The dispensed Bio-therm is not medically necessary.