

<b>Case Number:</b>	CM14-0003221		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 64 year-old female with date of injury 10/05/2009. The medical report associated with the request for authorization, a primary treating physician's progress report, dated 11/15/2013, lists subjective complaints as pain in the left knee. Patient underwent right shoulder arthroscopy for rotator cuff repair and subacromial decompression on 10/20/2011. Objective findings: Examination of the left knee revealed limited range of motion with flexion at 120 degrees and extension at 10 degrees. There was medial joint line tenderness noted on the left side. McMurray's and patellofemoral grind tests were positive, bilaterally. Strength testing revealed 4+/5 strength in the left quadriceps area. Diagnosis: 1. Lumbar disc herniation of 4mm 2. Rotator cuff repair of the right shoulder in October 2011 3. Left knee meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-THERM COMPOUNDED CREAM:** 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, CHAPTER TOPICAL ANALGESICS, 111-112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

**Decision rationale:** Biotherm is a compounded cream containing capsaicin, menthol, and methyl salicylate. There is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. One of the ingredients of Biotherm, capsaicin topical, is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Therefore, the request is not medically necessary.