

Case Number:	CM14-0005537		
Date Assigned:	01/24/2014	Date of Injury:	10/15/2010
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/15/2014

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 30-year-old female who has submitted a claim for bilateral hand pain, associated with an industrial injury date of October 15, 2010. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 09/18/2013, showed pain, numbness, and paresthesia of bilateral hands. There was also pain around the wrist regions extending to bilateral thumb. Physical examination revealed limited range of motion of the wrists. Neurovascular examination revealed positive for Tinel's sign and Phalen's test. Hypoesthesia was limited to the median innervated digits whereas normal sensation was noted on the ulnar border of the ring finger and small fingers. Motor examination demonstrated weakness of the abductor pollicis brevis bilaterally. The electromyography of bilateral upper extremities, dated 07/02/2013, showed unremarkable findings. Treatment to date has included physical therapy, occupational therapy, steroid injections, medications, and Biotherm cream since 2013. Utilization review from January 10, 2014 denied the request for Biotherm topical cream because of lack of studies on its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Capsaicin

Decision rationale: Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. According to pages 28-29 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In regards to the menthol and methyl salicylate components, CA MTUS does not cite specific provisions, but the Official Disability guidelines (ODG) Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, and capsaicin were applied. In this case, the medical records revealed the patient has been using Biotherm cream since 2013. A progress report, dated 07/08/2013, discussed that the patient has been intolerant to past oral medication usage. The rationale of using a topical cream is to temporarily relieve pain and optimize drug delivery at the site of pain origin and rendering direct and faster pain relief without the associated risks of adverse systemic effects and drug interactions. However, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains drug components that are not recommended for topical use. Therefore the request for Biotherm cream is not medically necessary.