

Case Number:	CM14-0006832		
Date Assigned:	06/11/2014	Date of Injury:	11/21/2003
Decision Date:	09/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee meniscectomy surgery; unspecified amounts of physical therapy; opioid therapy; and topical compounds. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for a topical compounded Biotherm cream. A prescription for hydrocodone-acetaminophen, conversely, was approved. The applicant's attorney subsequently appealed. On April 22, 2013, the applicant presented with persistent complaints of knee pain following earlier meniscectomy. A knee brace, Anexsia, and Biotherm cream were endorsed while the applicant was returned to regular duty work. On July 22, 2013, the applicant was again given refills of Anexsia and Biotherm. The attending provider posited that ongoing usage of Anexsia was beneficial in helping the applicant to maintain regular duty work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM (METHYL SALICYLATE 20% MENTHOL 10% CAPSAICIN 0.0002%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last-line agent, to be employed only in applicants who have not responded to and/or are intolerant of other treatments. In this case, however, the applicant's ongoing, reportedly successful usage of Anexsia (hydrocodone-acetaminophen) effectively obviates the need for the capsaicin-containing topical compound. Therefore, the request is not medically necessary.