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| <b>Case Number:</b>   | CM14-0008205 |                              |            |
| <b>Date Assigned:</b> | 02/12/2014   | <b>Date of Injury:</b>       | 12/23/1999 |
| <b>Decision Date:</b> | 05/09/2014   | <b>UR Denial Date:</b>       | 01/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2014 |

### 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 patient is a 58 year old male who was injured on 12/23/99. The mechanism of injury is unknown. The patient experienced pain in his left leg. Prior treatment history has included undergoing home-based physical therapy. The patient underwent a right total knee arthroplasty. Medications include Anaprox, Motrin, Prilosec, Flexeril, Norco, Tylenol #3, Anexsia, Ultram, Keflex, Elavil, Ambien and Bio-Therm. A progress note dated 02/21/2013 showed objective findings on exam revealed mild effusion of the left knee. There was midline scar noted on right knee as well as healed surgical portals on the left knee. Range of motion of bilateral knees is flexion 70 degrees, right and 120 degrees left, extension 0 degrees bilaterally. The diagnosis include status post right total knee replacement, right knee extension contracture, status post left knee arthroscopy and left knee osteoarthritis. The progress note dated 04/04/2013 documented the patient has been taking Ultram one tablet two times a day and Prilosec one tablet every day. There has been no change in his medication intake. He has been using Diclofenac and Bio-Therm two times a day. Objective findings on exam of bilateral knees revealed tenderness with crepitation on range of motion. Active range of motion was 0 to 130 degrees on the left and 0 to 70 degrees on the right. PR-2 dated 12/19/2013 documented the patient with complaints of bilateral knee pain. He has been taking Ultram and Naproxen one tablet as needed. He has been using Bio-Therm topical cream three times daily. He reports improvement in his pain levels from 8/10 to 4/10 after taking medication. Objective findings on exam revealed limited range of motion of bilateral knees with flexion measured at 80 degrees on right and 150 degrees on the left. Extension was normal bilaterally. Valgus and varus tests were positive on the left. Quadriceps muscle strength was 4/5 on the right. Healed incisions were noted on the right knee. The diagnoses are bilateral knee osteoarthritis, status post right total knee replacement and right

knee extension contracture. The treatment plan is medications to include Prilosec, Ultram and Bio-Therm cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**BIO-THERM CREAM (METHYL SALICYLATE 20%, MENTHOL 10% & CAPSAICIN .002%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounded Medications Page(s): 71.

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

**Decision rationale:** According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines state Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish this to the case of the patient. Review of the medical records document the patient's treatment includes oral medications. The medical records do not establish this compounded product is medically necessary for the treatment of this patient's complaints. Consequently this compounded product is not supported by the evidence based guidelines. Bio-Therm Cream (Methyl Salicylate 20%, Menthol 10% & Capsaicin .002%) is not medically necessary.