

Case Number:	CM14-0009226		
Date Assigned:	02/14/2014	Date of Injury:	03/01/2012
Decision Date:	07/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/23/2014

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 39-year-old male who has submitted a claim for lumbar disc bulge, left elbow pain, left carpal tendon syndrome, bilateral knee pain, hypertension, and sleep disturbance associated with an industrial injury date of March 1, 2012. The medical records from 2013 were reviewed. The patient complained of pain at lumbar spine, left elbow, left forearm, bilaterally knees, and right thumb. Pain was rated 8/10 in severity and relieved to 3/10 upon intake of medications. Physical examination revealed limited range of motion of both knees. Patellofemoral grind test was positive. Muscle strength of left lower extremity was graded 4/5. Tenderness was present at the left knee joint. The treatment to date has included physical therapy, chiropractic care, acupuncture, activity restrictions, and medications such as Ambien, tramadol, and Bio-Therm cream. A utilization review from January 21, 2014 denied the request for Bio-Therm topical cream because of lack of published studies regarding efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Its use is primarily recommended for neuropathic pain. Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. The Official Disability Guidelines (ODG) Pain Chapter states that topical pain relievers that contain menthol, methyl salicylate, and capsaicin may in rare instances cause serious burns. The CA MTUS states those salicylates topical are significantly better than placebo in chronic pain. The MTUS also states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the patient has been using Bio-Therm topical cream since October 2013. The patient reported beneficial effects using the topical cream. The documented rationale for prescribing this medication is because he did not respond to his treatment regimen. However, the compounded medication contains drug classes that are not recommended. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover, there was no evidence that patient has gastrointestinal risk factors, which may necessitate a topical formulation instead. Therefore, the request for Bio-Therm topical cream is not medically necessary.