

Case Number:	CM14-0011075		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	08/01/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 52 year old male who has submitted a claim for significant crush injury, left hand, left hand arthrofibrosis, left shoulder contusion and rotator cuff syndrome associated with an industrial injury date of 1/18/13. Medical records from 2013 were reviewed which revealed intermittent left shoulder pain which radiated down to his left arm extending to the elbow. He rated his left shoulder pain as 8/10. Aggravating factors include reaching, extending and lifting his upper extremity above shoulder level. He was unable to lie on his left side. He has difficulty sleeping and awakens with pain and discomfort. There was also continuous left wrist/hand/finger pain. He rated his pain as 8/10. Aggravating factors include gripping, grasping, flexing/extending and rotating as well as repetitive hand and finger movements. Physical examination of the left shoulder showed tenderness over trapezius muscles, parascapular musculatures, rhomboids and deltoid. Arm drop test was negative on the left. Supraspinatus, Neer's impingement and Hawkins impingement tests were negative on the left. MMT was 4/5 with flexion, extension, abduction, adduction, internal rotation and external rotation on the left. Examination of the left wrist showed negative Tinel's median nerve test. Phalen, Reverse Phalens, Median nerve compression and Finkelstein tests were negative. Treatment to date has included, ORIF of the left hand and physical therapy. Medications taken include Hydrochlorothiazide, Norvasc, Atenolol, Xanax and Norco. Utilization review from 1/15/14 denied the request for Biothem (methyl salicylate 20%, menthol 10%, capsaicin .002%) because compound analgesics are not generally FDA approved because mechanism of actions of this drug has not been extensively studied.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION BIOTHERM (MENTHY 1 SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0002%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 28,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Biotherm contains 3 active ingredients; Methyl Salicylate in 20% formulation, Menthol in 10% formulation and Capsaicin in .0002% formulation. Regarding Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Regarding Menthol component, the ODG states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding Capsaicin component, the MTUS Chronic Pain Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary and appropriate.