

Case Number:	CM14-0011161		
Date Assigned:	02/21/2014	Date of Injury:	08/10/2012
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
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 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 45-year-old female who has submitted a claim for chronic cervical sprain, chronic lumbar sprain, paresthesia in the upper extremities, and bilateral patellofemoral syndrome associated with an industrial injury date of 08/10/2012. The medical records from 01/21/2013 to 02/21/2014 were reviewed and showed that patient complained of cervical spine pain graded 6/10 that radiated down the left arm. There was complaint of lumbar spine pain graded 6/10 that radiated down the left leg. Bilateral knee pain graded 6/10 with no associated radiation was also complained. Physical examination of the cervical spine revealed no tenderdeness over the cervical spine. There was limited cervical spine ROM. Cervical compression test was positive. Shoulder depression test was positive bilaterally. MMT was 5/5 except for left C8 nerve root side (4/5). Sensation to light touch was intact except for right C7 and bilateral C8 dermatomal distribution. Physical examination of the wrists revealed no tenderness to palpation. There was pain with limited wrist ROM. Phalen's test on bilateral wrists was positive. Physical examination of the lumbar spine revealed no tenderness or spasm. There was limited lumbar spine ROM. Physical examination of bilateral knees revealed no swelling with full knee ROM. There was tenderness over the medial and lateral joint lines bilaterally. Patellar grind test was positive bilaterally. MRI of the cervical spine dated 06/13/2013 revealed diffuse C5-6 disc bulging. The treatment to date has included physical therapy, home exercise program, acupuncture, night time splints for the wrists, pain medications and gels including Voltaren and Biotherm. A utilization review, dated 01/21/2014, denied the request for prescription of Biotherm because functional improvements were not clear from the records and it was not clear that the patient has failed other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CAPSAICIN, TOPICAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate; Topical Analgesics Page(s): page 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin, Topical.

Decision rationale: Biotherm is a topical cream containing Methyl Salicylate 20% menthol 10% and Capsaicin 0.002%. According to page 111 of CA MTUS Chronic Pain treatment Guidelines, any compounded product that contains a drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment since it has moderate to poor efficacy. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. 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 over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient has been prescribed Biotherm cream since 05/15/2013 due to the presence of gastrointestinal disturbances. Biotherm topical cream is a reasonable option due to intolerance to oral medications. Therefore, the request for prescription of Biotherm is medically necessary.