

Case Number:	CM14-0011572		
Date Assigned:	02/21/2014	Date of Injury:	05/28/2013
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 23-year-old male who has submitted a claim for multilevel disc disease of the lumbar spine, and right knee sprain/strain associated with an industrial injury date of 5/28/13. Medical records from 6/13/13 to 2/4/14 were reviewed, which showed that the patient complained of right knee pain graded 4/10 with no associated radiation or numbness. There was a complaint of back pain graded 6/10 which radiated down the bilateral lower extremities. Physical examination of the lumbar spine revealed tenderness to the lumbar paraspinal muscles. There was decreased lumbar range of motion in all planes of motion. Manual muscle testing was 4/5 bilaterally. Sensation to light touch was intact. Straight leg raise test was positive bilaterally at 70 degrees to the posterior thigh. Deep tendon reflexes were intact. Physical examination of the right knee revealed normal findings. MRI of the lumbar spine dated 1/27/14 revealed disc protrusion at L4-5 and disc desiccation at L5-S1. MRI of the right knee was unremarkable. Treatment to date has included physical therapy, home exercise program, activity restrictions and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BIOTHERM (METHYL SALICYLATE 20%, MENTHOL 10%, CAPSAICIN 0.002%) 4 OZ (DISPENSED 12/26/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Biotherm is a topical cream containing Methyl Salicylate 20% menthol 10% and Capsaicin 0.002%. According to page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. Regarding Menthol, the MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain may in rare instances cause serious burns. Regarding Methyl Salicylate, the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient has been prescribed Biotherm cream since 1/16/14 due to the presence of gastrointestinal disturbances and failure of physical therapy and home exercise program (12/26/13). There was reported pain reduction from 6/10 to 3-4/10 with Biotherm use (2/4/14). A cream containing capsaicin and menthyl salicylate is recommended as an alternative for patients with chronic pain who are intolerant to other treatment. Therefore, the retrospective request is medically necessary.