

Case Number:	CM14-0032340		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2003
Decision Date:	07/21/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 50 year old female who had work related injuries on 08/22/03, no documentation there was no documentation about describing mechanism of injury. The injured worker was followed by orthopedic specialist for cervical radiculopathy. The patient had chronic symptoms the injured worker had chronic symptoms. She continued to be on medication that included non-steroidal anti-inflammatory drugs (NSAIDs) and topical cream. Most recent report on 01/13/14 the patient had continuous neck pain radiating down the arms with associated numbness and tingling. She had some degree of weakness and physical therapy was recommended. Also reported decrease in her pain from a 6-10 to 2-10 with the use of topical cream. Diagnosis was cervical radiculopathy in a decrease in neuropathy with radicular findings digitally in the arms. Request was for Biotherm topical cream menthol salicylate 20% menthol 10% Caspian .002% four ounce times two. Prior utilization review on 02/10/14 the Biotherm topical cream was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM (MENTHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) 4OZ X2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, capsaicin topical.

Decision rationale: The request was for Biotherm topical cream menthol salicylate 20% menthol 10% Caspian .002% four ounce times two is medically necessary. Guidelines state that if one ingredient is not guideline accepted, then the compound is not accepted. In this case, both are, and providing some degree of relief. Therefore medical necessity has been established. The request is medically necessary and appropriate.