

<b>Case Number:</b>	CM14-0033269		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and shoulder pain reportedly associated with an industrial contusion injury of January 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier hand open reduction and internal fixation surgery; subsequent hardware removal; and 50 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report dated February 28, 2014, the claims administrator denied a request for topical compounded medications, but did not cite the guidelines on which it was basing its denial, making only passing reference to MTUS and FDA Guidelines. In a progress note of February 20, 2014, the applicant was described as having persistent complaints of hand, wrist, and shoulder pain. The applicant was again placed off of work, on total temporary disability. Oral Norco and 12 sessions of physical therapy were endorsed. In an early note of January 20, 2014, the applicant was apparently using NSAIDs including Voltaren. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Compound Cream-Bio-Therm (Menthyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) four (4) ounces.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including oral Voltaren and oral Norco effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the Biotherm cream compound in question here. Therefore, the request is not medically necessary.