

<b>Case Number:</b>	CM14-0041514		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/27/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 and Oklahoma. 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 72-year-old male who reported an injury on 01/27/2005. The mechanism of injury was not provided in the medical records. His diagnoses include chronic cervical disc disease, bilateral shoulder rotator cuff syndrome, osteoarthritis of the right knee, severe osteoarthritis of the left knee, and left knee strain. His previous treatments were noted to include oral medications, topical medications, and right knee surgery. His surgical history included a post medial meniscal repair of the right knee on an unspecified date. On 03/12/2014, the injured worker presented with persistent neck pain, bilateral shoulder pain, and right knee pain. He rated his pain 8 out of 10. He reported that Tramadol was not controlling his pain, nor was Theraflex. However, he reported that Bio-therm cream helped him the most, decreasing his pain from 8 out of 10 to a 4 to 5 out of 10. His physical examination revealed decreased range of motion of the cervical spine, bilateral shoulders, and right knee; decreased motor strength to 4 out of 5 in a C5 through 8 distribution, in the bilateral shoulders, and in the right quadricep; and tenderness to palpation of the paraspinal and trapezius muscles. His medications were noted to include Tramadol, Anexsia, Bio-therm, and Keratek gel. The treatment plan included refills of Anexsia and Bio-therm and a new prescription for Keratek gel to work as an adjunct to other compounded medications for chronic pain. The requested topical compounds were recommended to treat chronic pain. The Request for Authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biotherm (Menthyl Salicylate 20%/Menthol10%/Capsaicin 0.002%) 4 oz. apply 2-3 times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, page 105, Topical Analgesic Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. According to The California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants that have failed. In addition, the guidelines state that any topical compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines do state that topical salicylates have been shown to be significantly better than placebo in chronic pain. In regards to capsaicin, the guidelines state that use of topical capsaicin is only recommended for patients who have not responded or were intolerant to other treatments. The clinical information submitted for review failed to provide sufficient documentation showing intolerance or non-response to first line treatments prior to use of topical capsaicin. Therefore, continued use of topical capsaicin is not supported. As the requested compound contains capsaicin which is not supported, the topical compound is also not supported. As such, the request is not medically necessary.

**Kera-Tek gel 4 oz. apply 2-3 times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, page 105, Topical Analgesic Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. According to The California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any topical compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines do support topical salicylates as they have been shown to be better than placebo in chronic pain. However, there was no clear rationale for the use of the combination product Keratek gel with contains methyl salicylate and menthol as opposed to monotherapy with methyl salicylate. In the absence of clear documentation indicating the need for the requested compounded product, it is not supported. As such, the request is not medically necessary.