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| Case Number: | CM14-0043001 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 04/22/2013 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Anesthesiology, 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 45 year-old male who slipped and fell while carrying a trashcan on 04/22/13. He subsequently failed conservative care and was taken to surgery and underwent medial and lateral meniscectomies on 07/24/13. Post-operatively he had persistent knee pain. He is participating in post-operative physical therapy. He has pain graded as 3/10 to 5-6/10 when exacerbated. He was provided the oral medications Tramadol and Anaprox which reduced his pain levels to 0/1 or 0-1/10. He also used Biotherm topical analgesic which reduced his pain to 3-1/10. He is currently working. Most recent physical examination noted full range of motion with crepitus. A utilization review determination dated 03/05/14, non-certified the request for Biotherm containing Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm (Menthyl Salicylate 20% Menthol 10% Capcaicin 0.002%): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Biotherm (Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%) is recommended as medically necessary. The submitted clinical records clearly indicate that this topical analgesic provides substantive pain relief in this post-operative patient. Further, it would be noted that under evidence based guidelines this topical analgesic

would be supported.

