

<b>Case Number:</b>	CM15-0211015		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male who sustained an industrial injury on (8-21-13). The injured worker reported pain in the low back and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar strain with radiation to the right lower extremity, right knee sprain strain and left knee post traumatic osteoarthritis. Medical records dated 9-25-15 indicate pain rated at 4-7 out of 10. Provider documentation dated 9-25-15 noted the work status as remain off work until 9-25-15. Treatment has included injection therapy, Bio-Therm topical, Norco since at least December of 2014, Motrin since at least December of 2014, Flexeril since at least July of 2015, radiographic studies; status post left knee arthroscopy (1997). Objective findings dated 9-25-15 were notable for lumbar spine with decreased range of motion and tenderness to palpation to paraspinals and midline as well as decreased sensation to L4 and L5 on right side only, right and left knees with pain and crepitus and decreased range of motion. The original utilization review (10-6-15) denied a request for Bio Therm (Menthyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4 oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio Therm (Menthyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4 oz:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for bio therm (menthyl salicylate 20%/menthol 10%/capsaicin 0.002%) 4 oz. Treatment has included injection therapy, medications, physical therapy, radiographic studies and left knee arthroscopy (1997). The patient remains off work. Bio Therm contains Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Per report 09/18/15, the patient presents with chronic lower back and bilateral knee pain. Objective findings revealed decreased range of motion of the lower back, and tenderness to palpation to paraspinals and midline as well as decreased sensation to L4 and L5 on right side. The right and left knee revealed crepitus and decreased range of motion. The treater "would like to request Bio-Therm (Menthyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4 oz. This would be in an attempt to alleviate his pain and help wean him from the Norco and Motrin, as he does have slight gastrointestinal upset secondary to his use of oral medications." This is an initial request for this medication. The patient presents with chronic bilateral knee pain, for which topical NSAID may be used. The treater is attempting to wean the patient off oral medications, due to side effects. A trial of Bio-Therm is reasonable and supported by MTUS. Therefore, this request is medically necessary.