

<b>Case Number:</b>	CM15-0215905		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 female who sustained an industrial injury on 6-12-2009. A review of medical records indicates the injured worker is being treated for lumbar disc herniation, status post lumbar fusion, complex regional pain syndrome, lower extremities, cervical spine sprain strain, temporomandibular joint dysfunction, and bilateral shoulder sprain strain, rule out internal derangement. Medical records dated 9-18-2015 noted neck, lower back, left shoulder, and bilateral hip pain. Neck pain was rated 6 out of 10. Lower back was rated 7 out of 10. Left shoulder pain was rated 4 out of 10. Bilateral hip pain was rated 6 out of 10. Pain was made better with rest and she is not currently working. Physical examination noted exam of the jaw revealed tenderness bilaterally to the TMJ. Exam of the lumbar spine revealed an 8 cm scar. There was decreased range of motion. There was decreased range of motion to bilateral shoulders and tenderness. Exam of the right knee revealed decreased range of motion. Treatment has included Neurontin, Celebrex, Lidoderm patch, and Pennsaid since at least 8-27-2015. Utilization review form dated 10-23-2015 noncertified bio-therm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-therm cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

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

**Decision rationale:** Bio-therm cream is not medically necessary per the MTUS guidelines. Bio-therm contains (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) The MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals (such as methyl salicylate) are recommended by the MTUS for osteoarthritis and tendinitis in joints that are amenable to topical treatment but not for use in the spine or for neuropathic pain. Additionally, the MTUS states that topical analgesics are, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The documentation submitted does not reveal that patient is intolerant to all other treatments. Furthermore, the request has no specification of the quantity requested. The request for Bio-Therm is not medically necessary and is not certified.