MAXIMUS Federal Services

Case Number:	CM15-0220577		
Date Assigned:	11/13/2015	Date of Injury:	07/21/2014
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on July 21, 2014. The injured worker was diagnosed as having spinal stenosis of the lumbar spine, other spondylosis of the lumbar spine, unspecified sprain of the left hip with subsequent encounter, and other tear of lateral meniscus of the right knee with subsequent encounter of current injury. Treatment and diagnostic studies to date has included status post left knee arthroscopy on October 15, 2015, laboratory studies, and medication regimen. In a progress note dated October 06, 2015 the treating physician reports complaints of persistent pain to the low back that radiates to the left leg, pain to the left wrist and hand, and pain to the left knee. Examination performed on October 06, 2015 was revealing for tenderness to the mid and lumbar paraspinal muscles, decreased range of motion to the lumbar spine with pain, decreased sensation to the right lumbar five and sacral one nerve root distributions, decreased range of motion to the left wrist and hand, weak grip strength to the left hand, tenderness to the first digit of the left hand, decreased range of motion to the left knee, decreased strength to the left quadriceps, tenderness to the medial joint line, and a positive McMurray's testing to the left knee. The injured worker's medication regimen on October 06, 2015 included Ibuprofen (Motrin) (since at least prior to May 01, 2015) and Omeprazole (since at least prior to September 04, 2015). The injured worker's pain level on October 06, 2015 was rated a 7.5 out of 10 to the low back, a pain level of a 5 out of 10 to the left wrist and hand, and a pain level of a 7 to 8 out of 10 to the left knee. The progress note from October 06, 2015 also noted that the use of the medication Motrin decreases the injured worker's pain level from 8 out of 10 to a 4 out of 10 along with the use of the medication Omeprazole for

gastrointestinal upset, but the progress note did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from September 04, 2015 noted that the use of the injured worker's medication Motrin decreases the injured worker's pain level from 7 out of 10 to 4 out of 10 along with the use of the medication Omeprazole. On October 06, 2015 the treating physician requested Bio Therm (Menthyl Salicylate 20%, Menthol 10% Capsaicin 0.002%) with a quantity of 4 ounces, "to help control her pain further as the Ibuprofen does give slight gastrointestinal upset". On October 29, 2015 the Utilization Review determined the request for Bio Therm (Menthyl Salicylate 20%, Menthol 10% Capsaicin 0.002%) with a quantity of 4 ounces to be non-certified.

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: Upheld

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

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

Decision rationale: The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is a non-steroidal anti-inflammatory agent (NSAID). The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. It may be helpful in osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment, with 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. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. (Maroon, 2006) The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Bio Therm (Menthyl Salicylate 20% Menthol 10% Capsaicin 0.002%) 4 oz is not medically necessary.