

<b>Case Number:</b>	CM15-0220801		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 63 year old female injured worker suffered an industrial injury on 5-1-1997. The diagnoses included left meniscal tear, left knee arthroscopy and left knee post-traumatic early osteoarthritis. On 9-30-2015, the provider reported left shoulder, left wrist, left hand and left knee pain. She noted the left shoulder pain rated 3 out of 10, left knee pain 1 out of 10, and left wrist and hand pain associated with weakness. On exam, the left knee had mild effusion and tenderness. The left shoulder was tender and the bilateral hands were tender. The provider noted she had begun physical therapy. Request for Authorization date was 10-14-2015. Utilization Review on 10-20-2015 determined non-certification for Bio-Therm (Methyl Salicylate 20%-Menthol 10%-Capsaicin 0.002%) 4oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-Therm (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4oz:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Bio-Therm (Methyl Salicylate 20%, Menthol 10% and Capsaicin 0.002%) 4 ounces is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. In this case, the injured worker's working diagnoses are left knee meniscal tear; status post left knee arthroscopy; and left knee posttraumatic early osteoarthritis. Date of injury is May 1, 1997. Request for authorization is October 14, 2015. According to an April 27, 2015 progress note, subjective complaints included left shoulder, wrist, hand and knee pain. Objectively, there is a left knee mild effusion, range of motion 0 to 120 with mid-joint line tenderness. The left shoulder shows tenderness at the subacromial space. The treating provider discontinued keratec (methyl salicylate and menthol) and prescribed Bio-Therm (methyl salicylate, menthol and capsaicin). Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. There is no documentation the injured worker has not responded or is intolerant to other treatments. There is no documentation demonstrating objective functional improvement from ongoing methyl salicylate and menthol. Additionally, methyl salicylate and menthol are available in over-the-counter preparations. The documentation does not indicate the anatomical regions to be treated. The treatment plan indicates a thin layer is to be applied to the affected area 2 to 3 times per day. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker has not responded or is intolerant to other treatments and no objective functional improvement from ongoing use of methyl salicylate and menthol, Bio-Therm (Methyl Salicylate 20%, Menthol 10% and Capsaicin 0.002%) 4 ounces is not medically necessary.