

Case Number:	CM15-0242550		
Date Assigned:	12/21/2015	Date of Injury:	08/05/2014
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/14/2015

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:

This 43 year old man sustained an industrial injury on 8-5-2014. Diagnoses include right shoulder impingement status post contusion, left thigh contusion, cervical spine sprain-strain, lumbar spine sprain-strain, bilateral knee contusion, right shoulder tendonitis, and non-industrial lupus. Treatment has included oral and topical medications. Physician notes dated 10-16-2015 showed complaints of neck pain rated 3 out of 10, right shoulder pain rated 3 out of 10, low back pain rated 3 out of 10, and bilateral knee pain. The physical examination shows a normal gait, tenderness, spasm, and tightness to the paralumbar musculature, mild pain with heel-toe walk, and bilateral knee tenderness with crepitus. Recommendations include continue medications and creams and follow up in four to six weeks. Utilization Review denied a request for Bio-Therm on 12-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm 20/10/0.002%, 4oz: Upheld

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

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

Decision rationale: Bio-Therm 20/10/0.002%, 4oz 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. The Salicylate topicals (such as methyl salicylate) and menthol are ingredients in Ben Gay and are recommended by the MTUS. The documentation submitted does not reveal that patient is intolerant to other oral medications or treatments. Additionally, the MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.