

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/2/2013 |
| Date of Injury: | 2/8/2010 |
| IMR Application Received: | 8/1/2013 |
| MAXIMUS Case Number: | CM13-0005578 |

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **bio-therm is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **bio-therm is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 64-year-old with a history of a work related injury in February 8, 2010, which resulted in shoulder pain. On Sept 19, 2012, the patient had a repair of the rotator cuff. A note from Dec 3, 2012 noted that the patient was taking Motrin for pain, had stopped taking Tylenol #3, and that Biotherm was helping the pain.

An exam note in Jan 22, 2013 noted that there was contracture of the left wrist along with reflex sympathetic dystrophy. An electromyogram (EMG) was ordered and Biotherm was continued. An office report in April 2013 indicates the patient still has shoulder pain. There was limited range of motion and was prescribed Biotherm cream. In May 2013, additional creams including Theraflex and Diclofenac Plus cream were added. In July 2013, the claimant was using Ibuprofen, Flexeril, Biotherm and Prilosec for pain management. Due to the pain, an MRI arthrogram was recommended as well as complete disability of the left arm.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bio-therm:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 28, 105, 111, which are part of the MTUS, and the Mayo Clin Proc. 2013 Feb;88(2):195-205. doi: 10.1016/j.mayocp.2012.11.015, which is not part of the MTUS.

Rationale for the Decision:

Biotherm cream contains .002% capsaicin, menthol and methyl salicylate. According to the MTUS guidelines, capsaicin maybe useful for those who failed conventional therapy. The dose in Biotherm doesn't exceed the recommended dosage in MTUS. According to MTUS guidelines, topical salicylates are better than placebo for chronic pain. Current research does not indicate that menthol alters pain thresholds in humans. The research article cited above notes that the most commonly studied topical analgesics were nonsteroidal anti-inflammatory drugs (n=27), followed by lidocaine (n=9), capsaicin (n=6), amitriptyline (n=5), glyceryl trinitrate (n=3), opioids (n=2), menthol (n=2), pimecrolimus (n=2), and phenytoin (n=2). The most common indications were acute soft tissue injuries (n=18), followed by neuropathic pain (n=17), experimental pain (n=6), osteoarthritis and other chronic joint-related conditions (n=5), skin or leg ulcers (n=5), and chronic knee pain (n=2). Strong evidence was identified for the use of topical diclofenac and topical ibuprofen in the treatment of acute soft tissue injuries or chronic joint-related conditions, such as osteoarthritis. Evidence also supports the use of topical lidocaine in the treatment of postherpetic neuralgia and diabetic neuropathy. Currently, limited evidence is available to support the use of other topical analgesics in acute and chronic pain. As such, there is no evidence to date that menthol plays a significant role in neuropathic pain management and therefore, a combination product should not be chosen over capsaicin alone. According to MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. **The request for Biotherm is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.