

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	9/25/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007597

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Bio-Therm Topical Cream is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 Topical Cream 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 Physical Medicine and Rehabilitation, 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 38-year-old male with a date of injury of 09/25/2012. Diagnosis is that of a lumbar sprain. The patient's most recent medical records from 05/06/2013 from Dr. [REDACTED], MD indicate that the patient is being seen for bilateral knee pain, worse on the left than on the right. Physical exam findings include left knee revealing tenderness to palpation. There was full range of motion with flexion and extension. Neurovascular status was intact distally. Examination of the right knee revealed tenderness to palpation. There was full active range of motion with flexion and extension. Neurovascular status was intact distally.

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 retrospective request for Bio-Therm Topical Cream:

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 California MTUS Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Capsaicin, pages 112-113, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that capsaicin is recommended only as an option in individuals who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis, and a 0.075% formulation primarily for studies for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. While the documentation submitted for review does indicate the employee has bilateral knee pain, objective findings simply reveal tenderness to palpation over both knees. There was full active range of motion with flexion and extension and the neurovascular status was intact distally in both knees. Furthermore, the diagnosis includes bilateral knee pain to rule out meniscal tear. There is no indication this employee is being treated for osteoarthritis of either knee. There is also no documentation that would indicate that the employee would meet the criteria for the use of capsaicin. The clinical note from 05/06/2013 indicates the employee is being prescribed Bio-Therm capsaicin 0.002% topical ointment. There is no evidence provided to support the need for this medication at a dose outside of the recommended guidelines. The guidelines only recognize 0.025% formulation and 0.075% formulation. **The retrospective request for Bio-Therm Topical Cream is not medically necessary and 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

/bh

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.