

Case Number:	CM13-0002337		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2011
Decision Date:	03/11/2014	UR Denial Date:	07/06/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male with a date of injury of 03/18/2011. The listed diagnosis per [REDACTED] dated 10/26/2012 is: 1. Lumbar spine strain/contusion with radicular complaints; MRI evidence of 5mm disc herniation at L5-S1 and 2-3mm disc protrusion at L1-L2 and L4-L5. According to report dated 10/26/2012 by [REDACTED], the patient presents with ongoing low back pain with muscle spasms. His pain increases with bending, twisting, and lifting. Patient reports difficulty sleeping due to his pain. Examination of the lumbar spine reveals tenderness to palpation about the lumbar paravertebral musculature. There are positive straight leg raising tests bilaterally. Muscle spasms and restricted range of motion (ROM) due to pain are noted. Unfortunately, this progress report serves as the most recent report provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm cream for lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This patient presents with chronic lower back pain. Treating physician requests Bio-Therm cream "for the lumbar spine". For Capsaicin topical creams, MTUS guidelines page 29 state, "Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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." In this case, there are no discussions in the reports dated 12/30/2011 to 10/26/2012 that document trial of other conventional therapy or patient's intolerance to other treatments. The requested Bio-therm cream is not medically necessary and recommendation is for denial.