

Case Number:	CM13-0008970		
Date Assigned:	06/06/2014	Date of Injury:	03/26/2012
Decision Date:	07/31/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/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 injured worker is a 57 year old female who reported an injury to her cervical spine, right shoulder, and foot. The injured worker stated the initial injury occurred on 03/26/12; however, no description of the initial injury was provided. A clinical note dated 01/17/13 indicated the injured worker was utilizing Biotherm cream once each day. She was also undergoing a home exercise program to address right shoulder complaints. Upon exam, the injured worker demonstrated a positive Hawkins test with 120 degrees of flexion and abduction. Strength was 4/5 with flexion, abduction, and external rotation. The injured worker also utilized Ultram for pain relief. A magnetic resonance image arthrogram of the right shoulder dated 07/01/13 indicated the injured worker showed post-surgical artifact compatible with a prior rotator cuff repair. Moderate to severe osteoarthritis was identified at the acromioclavicular joint with type 3 acromion. A clinical note dated 07/08/13 indicated the injured worker demonstrated 90 degrees of flexion and 80 degrees of abduction and continued 4/5 strength. The injured worker continued with Ultram. The utilization review dated 07/18/13 resulted in denial for Biotherm topical application as no information was submitted regarding previous trials of additional medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM, RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this request is not medically necessary.