

Case Number:	CM13-0030405		
Date Assigned:	11/27/2013	Date of Injury:	04/17/2013
Decision Date:	01/22/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 38 year old male with injury dated from 04/17/03. The report dated 8/28/13 by [REDACTED] has "722.0, 722.1, 724.1" as diagnoses. The patient present with pinching pain in the cervical spine, 6/10. The exam showed decreased motion, sensation and strength in the lumbar region. The patient was provided trigger point injection under u/s guidance to the lumbar spine, requesting physical therapy 3x4, meds were Norco, Flexeril, Diclofenac, Pantoprazole. An orthopedic evaluation from 6/12/13 is by [REDACTED] as well. The diagnoses are disc herniation of C,L spines at C5-6 and L5-S1 levels. He recommended MRIs, EMG/NCV studies and medication. Biotherm lotion is not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for retrospective Biotherm pain relieving lotion 120ml: Upheld

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

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

Decision rationale: Biotherm is a combination topical lotion containing some natural products and vitamin. It is not FDA approved, and one cannot tell exactly what it contains. The California MTUS does not support topical products if one of the compounds is not supported. In this case, vitamin topical cream has no discussion in the MTUS guidelines. The provider does not provide any medical evidence to support the use of this lotion for pain. The recommendation is for denial.