

Case Number:	CM13-0033213		
Date Assigned:	12/06/2013	Date of Injury:	06/21/1991
Decision Date:	03/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 American Board of Family Practice, has a subspecialty in American Board of Family Medicine, 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 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:

71 year old female sustained an injury 6/21/91 which was due to a fall resulting chronic knee and low back pain. She has undergone physical therapy, aquatic therapy as well as decompressive laminectomies with interbody fusion of her L4-S1 spine. An examination on 7/8/13 noted that there was right hip pain secondary to compensating for back and right knee pain. Hot cold therapy and rest along with electro-accupuncture were recommended. Prior to this topical Flurbiprofen /Cyclobenzaprine, Menthol powder was ordered in June 20, 2013 for topical pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION BIOTHERM LOTION (FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL), DURATION AND FREQUENCY UNKNOWN DOS: 7/9/13 FOR BACK AND RIGHT LEG SYMPTOMS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, topical cyclobenzaprine is not on the recommended list of topical medications. In addition, there is no documentation of neuropathic pain. As a result, the use of Biotherm is not medically necessary.