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| <b>Case Number:</b>   | CM13-0035869 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 05/13/2013 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 09/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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 and is licensed to practice in Texas and Oklahoma. 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 32-year-old male who reported an injury on May 13, 2013. The patient is diagnosed with lumbar strain with disc herniation, pars defect on the left L5-S1, and acute cervical strain. The patient was seen by [REDACTED] on November 18, 2013. The patient reported 5/10 pain with medication. Physical examination revealed limited cervical range of motion, tenderness to palpation over the trapezius and paravertebral muscles bilaterally, hypertonicity in the trapezius bilaterally, limited lumbar range of motion, tenderness to palpation, hypertonicity, positive Kemp's testing bilaterally, positive straight leg raising on the left, and 2+ deep tendon reflexes. Treatment recommendations included continuation of the current medication Biotherm topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for two (2) Bio-Therm 120mL (DOS: 8/23/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (1) drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient's physical examination continues to reveal limited range of motion, hypertonicity, tenderness to palpation, positive Kemp's testing, and positive straight leg raising. There is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.