

Case Number:	CM13-0041779		
Date Assigned:	12/20/2013	Date of Injury:	07/11/2011
Decision Date:	02/19/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 claimant is a 40-year-old female who was injured in a work related accident on July 11, 2011. Clinical records for review included an August 31, 2013 assessment that documented the claimants of lumbar sprain with left lower extremity radiculitis when seen by [REDACTED]. Subjectively there was continued pain despite medication usage with objective findings of tenderness to palpation, restricted range of motion and diminished sensation in an L5-S1 dermatomal distribution. The treatment plan was for continuation of medication management. The assessment documented that an MRI scan of the lumbar spine was also recommended to "rule out disc herniation. At present, there is a formal request for the use of BioTherm topical ointment in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication request for Bio-Therm (duration and frequency unknown):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-- California Medical Treatment Utilization Schedule (M.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the role of BioTherm topical ointment would not be supported. The frequency and duration of usage of BioTherm is not discussed. When looking at the topical compounded agents, MTUS Chronic Pain Guidelines indicate that they are largely experimental with few randomized control trials to determine efficacy and safety. The specific use of BioTherm in this individual given clinical history and current clinical presentation would not be indicated.