

Case Number:	CM13-0046514		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2009
Decision Date:	04/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 47 year old female who sustained a work injury on 08/01/2009. The mechanism of injury occurred when she was standing at work. Her diagnoses are chronic low back pain, neck pain, and bilateral wrist and hand pain. She is s/p posterior L4 to S1 decompression and instrumented fusion. On exam she still complains of low back pain with radiation to both lower extremities. On exam there is tenderness to palpation and spasm of the paraspinal muscles with decreased range of motion of the lumbar spine. There is positive straight leg rising on the left. There is full range of motion of the bilateral wrists. Treatment has included medical therapy with opiates and topical medications, physical therapy, and a TENS unit. The treating provider requested Bio-Therm 4 oz dispensed on 07/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for [REDACTED], for the lumbar spine dispensed on 7/22/13:
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): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, [REDACTED]. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments There is no documentation of failure to oral medication therapy. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.