

Case Number:	CM13-0046835		
Date Assigned:	02/20/2014	Date of Injury:	01/08/2013
Decision Date:	08/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This is a 49-year-old gentleman injured in a work-related accident on 1/8/13. The records available for review include a recent 9/20/13 progress report indicating lumbar, cervical, right hip, and right shoulder complaints. Physical examination performed on that date of the lumbar and cervical spines showed limited range of motion with tenderness to palpation. Right leg straight leg raise was positive reproducing low back complaints. Examination of the hip and shoulder were not performed. The claimant was diagnosed with cervical strain, lumbar strain, and elbow and rotator cuff strains. The recommendations at that time were for continuation of a home exercise program and medications to include topical BioTherm and Ultram. There was no imaging reports provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94, 75, 80-84.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Ultram. The Chronic Pain Guidelines recommend in the chronic setting, that Ultram is intended for short term pain relief with long term efficacy beyond sixteen weeks unclear. Currently, the Chronic Pain Guidelines do not support the use of this agent beyond sixteen weeks. The request for continued use of Ultram at this chronic stage in the claimant's course of care would not be supported.

BIO-THERM TOPICAL CREAM 4OZ (RX: 09/20/13): 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: California MTUS Chronic Pain Guidelines would not support the request for the topical compound, BioTherm. According to the Chronic Pain Guidelines, topical compounds are noted to be largely experimental with no long term benefit based on randomized clinical controlled trials. BioTherm contains, amongst other agents, Capsaicin at a dosage greater than 0.025%. Currently, the use of Capsaicin is not recommended beyond 0.025%. The use of BioTherm would, thus, not be indicated.