

Case Number:	CM13-0050546		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2013
Decision Date:	05/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in Pulmonary Disease 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:

The patient is a 46-year-old female who reported an injury on 03/01/2013. The patient was seen on 09/23/2013 for complaints of significant amount of pain affecting the lumbar spine, which radiates into the lower extremity. At that time, the patient had been taking Lodine and Ultram, as well as using Biotherm topical cream. The patient was seen again on 11/04/2013, whereupon it was noted the patient had been undergoing physical therapy and stated this was helpful. She also stated that the medications Robaxin and Tramadol were improving her pain from an 8/10 to a 4/10. The patient was most recently seen on 12/16/2013 for a follow-up regarding pain affecting her lumbar spine, which continued to radiate into the right lower extremity. Again, she reported pain relief from the use of her Robaxin and Tramadol from a pain level of 7/10 to a 3/10. The examination noted the patient had tenderness to the lumbar spine upon palpation, with spasms over the lumbar paraspinal musculature. The patient also had range of motion of flexion limited to 70 degrees with pain, extension with full active range of motion and bilateral rotation with full active range of motion, and neurovascular was intact. She also had bilateral sitting straight leg raise positive for right lower extremity and negative for the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX CREAM 180MG: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. In the case of this patient, she had been receiving adequate pain relief from the use of her Tramadol and Robaxin. It was noted previously that the patient had utilized another topical cream named Biotherm. However, there was no documentation that this medication had been effective in reducing the patient's pain. Without having the support from California MTUS Guidelines, and with the patient already receiving pain relief from the use of her oral medications, the medical necessity for the Theraflex cream cannot be established. As such, the requested service is non-certified.