

Case Number:	CM13-0052126		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2011
Decision Date:	06/03/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 10/12/2011, secondary to a fall. Current diagnoses include lumbar disc herniation with bilateral lower extremity radicular pain, non-orthopedic complaints, and sleep problems. The injured worker was evaluated on 10/07/2013. The injured worker reported persistent lumbar spine pain with radiation to the bilateral lower extremities. Physical examination revealed limited lumbar range of motion, positive straight leg raising, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included prescriptions for Norco and Biotherm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-THERM (METHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.08%)
4OZ X2:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence within the medical records provided for review of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The injured worker has utilized Biotherm topical cream since 06/2013 without any evidence of objective functional improvement. As such, the request is not medically necessary and appropriate.

NORCO (HYDROCODONE/APAP) 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 07/2013, without any evidence of objective functional improvement. The injured worker continues to report persistent lower back pain with radiation to the bilateral lower extremities. As such, the request is not medically necessary and appropriate.