

Case Number:	CM13-0056112		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2011
Decision Date:	04/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 44 year-old male who was injured on 1/23/11. He has been diagnosed with a sprain to the hip/thigh and enthesopathy of hip. According to the 10/16/13 report from [REDACTED], he presents with increased left hip pain after his leg gave out on him; he has burning and tingling sensation in the entire leg. [REDACTED] provided a cortisone injection to the left hip, and recommended a urine drug screen, Theraflex cream, and BioTherm lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG PANEL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient presents with chronic hip pain and paresthesia down the left leg. The records do not show the patient had a prior urine drug test. The MTUS states urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs;

these guidelines apply to this patient's situation. The request is in accordance with MTUS guidelines.

BIO THERM PAIN RELIEVING LOTION 120MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic hip pain and paresthesia down the left leg. There is no discussion of what the components of the topical lotion are, or how it is to be used, or the mechanism of pain relief. Internet searches do not bring up any medical topics, but does bring up cosmetics. Without knowing what the components, are, it is unknown what section of MTUS would be applicable. It is not possible to verify that the use of BioTherm is in accordance with any evidence-based guideline. As such, the request is noncertified.