

Case Number:	CM13-0056740		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2012
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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 24 year old female who reported an injury on 11/21/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with malunion fracture of the 5th proximal phalanx and arthrofibrosis of the right 5th digit. The patient was seen on 08/05/2013. The patient reported improvement in pain secondary to the current medication regimen. The physical examination revealed a well healed dorsal incision, tenderness to palpation, and limited range of motion. Treatment recommendations included prescriptions for Norco and Biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioTherm cream, 4 oz, QTY. 1, retrospective DOS: 8/5/13: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is indicated for osteoarthritis, fibromyalgia, and chronic

non-specific back pain. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the request for a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.