

Case Number:	CM13-0057984		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2011
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for knee and elbow pain reportedly associated with an industrial injury of December 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report of November 15, 2013, the claims administrator retrospectively denied request for Biotherm, a topical compounded cream. The applicant's attorney subsequently appealed. A clinical progress note of November 25, 2013 does not detail the applicant's medication list. On November 4, 2013, the applicant apparently received prescriptions for hydrocodone, Restoril, and Biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Agents Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Biotherm which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental."