MAXIMUS Federal Services

Case Number:	CM13-0058362		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2013
Decision Date:	04/04/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 Illinois. 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 61-year-old male who reported an injury on 08/09/2013 when a truck crashed into a tree and the patient was jolted back and forth with force. Documentation submitted for the date of 09/26/2013 revealed that the patient had continuous pain in the low back with pain radiating to the mid back. The pain was noted to be7/10. The patient's diagnoses were noted to include acute lumbar strain, rule out disc herniation and acute cervical strain, rule out disc herniation. The request was for Bio-therm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective bio-therm, DOS: 9/26/13: 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 Topical Analgesics, Topical Salicylates, Topical Capsaicin Page(s): 111, 105, 28.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are

appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments The physician opined the patient should have capsaicin-based Biotherm cream, which is recommended for patients who have not responded or are intolerant to other treatments, and that capsaicin may be particularly useful with other modalities in patients whose pain has not been controlled successfully with conventional therapy. The patient failed a short course of therapy. The patient had continued non-specific low back pain, neuropathic pain, osteoarthritis, and musculoskeletal pain. It was indicated the patient was intolerant to other treatments including physical therapy, acupuncture, chiropractic therapy, activity restrictions, medications, home exercise, and remained significantly symptomatic. The request would be supported. However, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for retrospective Biotherm, DOS: 9/26/2013 is not medically necessary.