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| Case Number: | CM13-0060013 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 10/25/2011 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 10/25/2013 |
| 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] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of October 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded medications; earlier shoulder surgeries; earlier wrist surgery; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In the Utilization Review Report dated October 20, 2013, the claims administrator apparently denied a request for topical Biotherm cream. In a progress note dated November 20, 2013, the applicant was described as reporting persistent hand and shoulder pain. The applicant was five months' pregnant, it was acknowledged. Physical therapy was endorsed for flare of pain. The applicant was given topical Biotherm cream. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BioTherm Cream 4 oz x1: Upheld

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

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, 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 what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental, topical compounds, such as the Biotherm cream at issue here. While the applicant is pregnant, the attending provider has not clearly stated why oral pharmaceuticals, which are not contraindicated in pregnancy, such as Tylenol, could not be employed here. No rationale for selection and/or ongoing usage of Biotherm cream was provided. Therefore, the request is not medically necessary.