

Case Number:	CM13-0065342		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2012
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 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 patient is a 30-year-old male with a reported date of injury on 01/12/2012. The patient presented with cervical spine tenderness to the right and left trapezius muscles and paraspinals, slightly decreased left shoulder range of motion, a positive impingement sign in the left shoulder, AC joint tenderness on the left, decreased sensation in the left upper extremity, continuous pain in the lower back with radiation to the mid back, increased pain in the lumbar spine with prolonged walking, standing, and sitting activities, intermittent pain to the bilateral shoulders, and continuous pain to the bilateral knees. The patient carried diagnoses including cervical strain, left shoulder rotator cuff syndrome, right shoulder strain, lumbar strain, and bilateral knee contusions. The physician's treatment plan on 11/07/2013 included a request for 1 Biotherm 4oz cream (DOS: 11/07/2013) between 11/07/2013 and 11/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM 4OZ CREAM (DOS: 11/7/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics and Salicylate Topicals Page(s): 111-113,105.

Decision rationale: The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Based on the medical records provided for review the patient presented with intermittent pain in the neck with radiation to both shoulders and arms, with continuous pain in the lower back with pain radiation to the mid back, intermittent pain in the bilateral shoulders and arms, and continuous pain in the bilateral knees. Per the provided documentation, it did not appear the patient had a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, that would indicate the patient's need for the use of Capsaicin, the guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The request for Biotherm 4oz cream (DOS: 11/07/2013) is not medically necessary and appropriate.