

Case Number:	CM13-0067346		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2004
Decision Date:	04/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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:

This is a 70-year-old female patient with a date of injury on 04/15/2004. The mechanism of injury was due to cumulative trauma, which resulted in injury to the low back. The patient had been evaluated for bilateral knee pain, and subsequently underwent a right and left total knee arthroplasty. The surgeries resulted in poor results. There was then a plan for revision of the total left knee arthroplasty. The patient reportedly complained of low back pain and stiffness, and localized to the low back with radiation to the buttocks and legs, and associated numbness, tingling and weakness bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED BIO-THERM 120MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended." The documentation provided for review indicates there has been no change in the patient's condition, and the only medications listed are Zoloft and Metformin. The patient was evaluated for physical therapy, and the range of motion of the back lateral side bending to the right is 40 degrees, left 40 degrees, extension to the right 35 degrees, left 35 degrees. Given that the Guidelines state that the medication is largely experimental and the lack of documented improvement in the patient's condition, the request is not medically necessary and appropriate.

THERAFLEX CREAM 180MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The documentation provided for review indicates there has been no change in the patient's condition, and the only medications listed are Zoloft and Metformin. The patient was evaluated for physical therapy, and the range of motion of the back lateral side bending to the right is 40 degrees, left 40 degrees, extension to the right 35 degrees, left 35 degrees. Given that the Guidelines state that the medication is largely experimental and the lack of documented improvement in the patient's condition, the request is not medically necessary and appropriate.