MAXIMUS Federal Services

Case Number:	CM13-0070606		
Date Assigned:	01/08/2014	Date of Injury:	06/07/2013
Decision Date:	09/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 30-year-old female who reported an injury on 06/07/2013. The mechanism of injury was a fall. Her diagnoses included lumbar sprain with radiation to the right lower extremity and right knee sprain. Her past treatments were noted to include medications, physical therapy and use of a cane for ambulation. On 11/14/2013, the injured worker presented with complaints of pain in her right knee and low back with radiating pain to the right leg. She rated her pain 8/10. Her physical examination revealed decreased range of motion of the lumbar spine, a positive right straight leg raise, decreased range of motion in the right knee, positive right McMurray's test and tenderness to palpation of the lateral joint line. Her medications included omeprazole, nabumetone and tramadol. The treatment plan included a capsaicin based Biotherm cream and medication refills. The Biotherm cream was recommended for the injured worker's low back pain, neuropathic pain, osteoarthritis and musculoskeletal pain as she had been intolerant to other treatment including therapy, activity restrictions, medications and home exercise. The Request for Authorization form was submitted on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM X 4 OZ.: 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 Salicylate topicals, Topical Analgesic Page(s): 105, 111-113.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that compounded topical products that contain at least 1 drug that is not recommended is not recommended. The guidelines do support use of topical methyl salicylate as it has been proven to be better than placebo in chronic pain. The guidelines also state that topical capsaicin may be recommended as an option for patients who have not responded or were intolerant to other treatments. The injured worker was shown to have neuropathic pain and to have been intolerant to initially recommended treatment including therapy and medications. However, the documentation failed to show that she had failed an adequate trial of antidepressants and anticonvulsants for her neuropathic pain. In addition, the request failed to provide a frequency and dose of the requested medication. For these reasons, the request is not supported. Therefore, the request is not medically necessary.