

Case Number:	CM14-0000568		
Date Assigned:	01/10/2014	Date of Injury:	08/13/2013
Decision Date:	04/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 patient reported an injury on 08/13/2013 after he was cutting some chili that caused a sudden onset of pain in his low back. The patient was conservatively treated with physical therapy, a lumbar support, and medications. The patient's most recent clinical evaluation documented the patient had constant low back pain rated at a 7/10. Physical findings included tenderness to palpation and spasming of the bilateral paraspinal musculature and bilateral sacroiliac joints. The patient had a positive sitting root test. The patient's diagnoses included lumbar spine sprain/strain with radiculitis, chronic pain, and gastritis. The patient's treatment plan included continued physical therapy, acupuncture, a TENS unit, a thermal combo unit, a compression therapy unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR BIOTHERM CREAM: Upheld

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

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

Decision rationale: The requested Biotherm cream is not medically necessary or appropriate. The requested medication is a compounded topical analgesic that contains methyl salicylate, menthol and capsaicin. California Medical Treatment Utilization Schedule recommends the use of methyl salicylate and menthol in the treatment of osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that this patient's pain is related to a degenerative joint disease. Additionally, California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical analgesic when all first line medications and chronic pain treatments have failed to resolve the patient's symptoms. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line medications to include antidepressants and anticonvulsants. California Medical Treatment Utilization Schedule recommends that any compounded medication that contains at least 1 drug or drug class that is not supported is not recommended by guideline recommendations. As such, the requested Biotherm cream for date of service 10/23/2013 to 12/12/2013, frequency unknown, is not medically necessary or appropriate.