

Case Number:	CM14-0004968		
Date Assigned:	06/11/2014	Date of Injury:	12/28/2012
Decision Date:	08/01/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 24-year-old who reported an injury on December 28, 2012 while removing an oil filter from a vehicle. On January 8, 2014, the injured worker presented with right wrist pain associated with numbness. Examination of the right wrist revealed limited range of motion with flexion and extension to 40 degrees and normal range of motion with radial and ulnar deviation to 20 degrees. There was a positive Phalen's, Tinel's, and Finkelstein's. There was decreased sensation in the medial and ulnar deviation. Prior therapy included medication. The diagnoses were right scaphoid fracture nonunion and rule out peripheral neuropathy. The provider recommended Biotherm for treatment of the right wrist; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM FOR TREATMENT OF RIGHT WRIST: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Biotherm contains capsaicin and the guidelines state that capsaicin is recommended for use for injured workers who have not responded or not tolerant to other treatments. The included medical documentation does not indicate that the injured worker is intolerant to or has not responded to other treatments. The provider's request does not indicate the site the cream was intended for, the frequency of the medication, or the dose being requested. As such, the request for Biotherm for treatment of the right wrist is not medically necessary or appropriate.