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| <b>Case Number:</b>   | CM14-0007195 |                              |            |
| <b>Date Assigned:</b> | 02/07/2014   | <b>Date of Injury:</b>       | 07/29/2009 |
| <b>Decision Date:</b> | 06/25/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2014 |

### 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 American Board of Neurological Surgery 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 injured worker is 50-year-old male injured in July, 2009. The mechanism of injury is not specified. The injured worker has ongoing complaints of neck, low back, right shoulder and right wrist pain. A surgical intervention relative to the right wrist was not certified in the preauthorization process. The physical examination noted a full range of motion of the cervical spine with tenderness to palpation. A slight decrease in sensory function is noted at multiple dermatomes. Lumbar spine range of motion is slightly reduced. The diagnosis list includes a C6 radiculopathy, a partial rotator cuff tear, a carpal tunnel syndrome and left hand pain. The progress notes documented nine months ago indicate chronic complaints of pain with no significant improvement in the overall functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO THERM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 75 OF 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the current diagnosis and the ongoing complaints of pain without any objectification of amelioration of symptomology, there is no data presented to suggest that this topical preparation has any utility, efficacy or clinical indication. Furthermore, in that this is a chronic pain situation, the use of this particular product is not clinically indicated according to the California Medical Treatment Utilization Schedule (CA MTUS) guidelines. Therefore, BioTherm is not recommended.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 27.

**Decision rationale:** The medications are noted to include an opioid; however, there is no indication of illicit drug use, prescription drug abuse, or other indicators indicating any parameters outside the normal utilization curve. Therefore, the indefinite use of such drug screening without any clinical indicators is not supported. It is recommended to be not medically necessary.