

Case Number:	CM14-0007212		
Date Assigned:	02/18/2014	Date of Injury:	03/02/2011
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 is a 43-year-old male who has submitted a claim for cervical disc disease C3-7 and lumbar disc disease L2-L5 associated with an industrial injury date of March 2, 2011. The patient complains of persistent neck and back pain with radiculopathy to the upper and lower extremities, more on the left than the right. The pain was graded 6/10 with medication intake, and 8/10 without medication. Physical examination showed limitation of motion of the cervical and lumbar spine; tenderness over the cervical, thoracic and lumbar paraspinal muscles; diminished sensation bilaterally over the C5, C6, and C7 dermatomal level; a positive cervical compression test; and a positive straight leg raise test at 50 degrees to the posterior thigh. The diagnoses include cervical spine herniated nucleus pulposus with annular tear, thoracic spine sprain/strain and lumbar spine sprain/strain. The patient's current medications include Norco, Prilosec, Elavil and Bio-Therm. A summary report, dated September 16, 2013, showed that the patient has been using BioTherm as far back as January 2013. Treatment to date has included oral and topical analgesics, home exercises, physical therapy, acupuncture, massage therapy, lumbar epidural steroid injections and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 111-113.

Decision rationale: Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%. Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Their use are primarily recommended for neuropathic pain. CA MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guideline also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using Bio-Therm topical cream as far back as January 2013. However, there were no documented functional gains from its use. Moreover, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. Lastly, the compounded medication contains drug classes that are not recommended by the guidelines. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Bio-therm topical cream is not medically necessary.