

Case Number:	CM14-0007766		
Date Assigned:	02/10/2014	Date of Injury:	08/15/2012
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48-year-old male who injured his lower back on 8/15/12. His chronic back pain followed this injury and involved radiation and numbness into his left foot. He later (with the help of MRI (magnetic resonance imaging) on 8/19/12) was diagnosed with L4-L5 disc herniation with left-sided neuroforaminal compromise causing his radiculopathy. The worker was prescribed physical therapy. On 10/18/13, the worker complained to his treating physician mostly of his left leg numbness. He also stated that his low back pain had significantly improved by that time related to his physical therapy and occasional anti-inflammatory medications. He was at the time working full duty. On examination, the straight leg raise was negative bilaterally, normal strength in his legs, normal reflexes, but abnormal sensation on the lateral left calf area of his leg. He was prescribed physical therapy. In the previous utilization review dated 12/19/13, the drug, BioTherm was stated to be dispensed to the worker on 10/25/13, but no record of this occurred is found in the documents provided.  

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DISPENSED 10/25/13) BIOTHERM LOTION (DURATION UNKNOWN AND FREQUENCY 2-3 TIMES A DAY) IS NOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical analgesics may be recommended, but are experimental in use with few controlled trials to determine efficacy or safety, and are primarily used for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. Although capsaicin used topically has moderate to poor efficacy it may be recommended only as an option in patients who have not responded or are intolerant to other treatments. In the case of this worker, the treating physician at some point (not documented) prescribed Bio-Therm lotion to the worker in the setting of him using occasional anti-inflammatory medications only. No reference to which specific product with ingredients was mentioned in the documents provided. If the requesting physician prescribed Bio-Therm with capsaicin as one of the ingredients, then the MTUS clearly states that it would not be indicated for this particular worker. No explanation was documented by the treating physician justifying the use of this topical agent over other first-line therapies for neuropathic pain. Therefore, due to lack of clarity and specificity on the exact drug(s) prescribed as well as any topical agents including capsaicin specifically not warranted in this case, the BioTherm lotion is not medically necessary.