

Case Number:	CM14-0008070		
Date Assigned:	02/07/2014	Date of Injury:	07/15/2010
Decision Date:	07/28/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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:

This is a 43-year-old female patient with a 7/15/10 date of injury. She injured herself when she slipped down steps and landed on her right side. That caused twisting injury resulting severe pain. An 8/23/13 progress report indicated that the patient complained of cervical spine pain radiating to the mid-back with stiffness. She also reported having constant lumbar spine pain radiating to the right lower extremity and getting worse with activity. Objective findings demonstrated decreased range of motion with flexion, extension and left and right bending. MRI showed facet hypertrophy at L5-S1. Diagnostic impression: Cervical and Lumbar Strain. Treatment to date: medication management, epidural steroid injection to the L5-S1 and physical therapy. There is documentation of a previous 1/3/14 adverse determination, based on a fact that progress report dated on 8/23/13 did not establish intolerance of oral medication or a history of gastritis. Oral medication should be considered as a first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: BIOTHERM PAIN RELIEF LOTION 120GM - DOS 08/29/2013:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 28-29.

Decision rationale: CA MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. However, there was no documentation supporting patient's intolerance to other medications. CA MTUS supported capsaicin only as an option in patients who have been intolerant and/or failed other treatment. Therefore, the request for retrospective: Biotherm pain relief lotion 120gm - dos 08/29/2013 was not medically necessary.