

Case Number:	CM14-0016240		
Date Assigned:	04/11/2014	Date of Injury:	10/05/2009
Decision Date:	05/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 64-year-old female who sustained a work related injury on 07/23/09. The patient suffers pain from numerous areas of the musculoskeletal system which include the lower back, right shoulder, right upper extremity, neck, thoracic, right knee, buttock region, and right lower extremity. Since then she has undergone a right shoulder arthroscopy to repair her rotator cuff and to perform a subacromial decompression. The primary treating physician's progress report dated January 31, 2014 reported the patient is experiencing 8/10 lower back pain with the pain radiating to the posterior aspect of both legs. On previous progress report from November 2013, her pain reduced from 8/10 to 5/10 with the use of Motrin, Tramadol and Bio-Therm topical cream. In January 2014, the patient continued the use of Motrin and Tramadol for pain management, but is having to use Prilosec to alleviate gastrointestinal upset secondary to the use of Motrin. On physical examination, the patient has appreciable midline tenderness along the bilateral sacroiliac (SI) joints with noted decreased lumbar range of motion. A straight Leg raise was positive for back pain bilaterally. As part of her discussion of plan, it is documented that the patient has 'failed other first line therapies, including physical therapy, activity restrictions, medications and home exercises.'

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM COMPOUNDED CREAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient has failed previous treatment regimens the request is medically necessary and appropriate.