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| Case Number: | CM14-0016746 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 07/01/2011 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/22/2014 |
| 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 a 53 year old female who reported an injury on 07/01/2011 due to an unknown mechanism of injury. The injured worker complained of persistent pain in the neck, low back, shoulders, both knees, and right ankle. She reported pain levels went from 7/10 to 3/10 with medication. On 12/27/2013 the physical examination revealed slight decreased range of motion with flexion at 40 degrees, extension at 50 degrees, bilateral lateral flexion at 35 degrees, and bilateral rotation at 70 degrees. She had tenderness to the paraspinals equally. The documentation said that the injured worker had a MRI on 10/15/2012, but the results were not submitted for review. The injured worker had diagnoses of left apical curvature, and chronic lumbar strain. There was no documentation of past treatment. The injured worker was on the medications Prilosec, Motrin, Ultram, and Biotherm topical cream. The current treatment plan is for Biotherm cream 4oz. The rationale was not submitted for review. The request for authorization form was dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: BIOTHERM CREAM (METHYL SALICYLATE 20%/ MENTHOL 10%/ CAPSAICIN 0.002%) 4OZ.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has a history of pain in the neck, low back, shoulders, both knees, and right ankle. The California MTUS guidelines state that topical analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As, Biotherm cream contains capsaicin 0.002% which is not recommended, the proposed compounded product is not recommended. In addition, there is no rationale why the injured worker would require a topical cream versus oral medication. Also, the frequency for the proposed cream was not provided. Given the above, the request Biotherm cream 4oz is not medically necessary.