

Case Number:	CM14-0024494		
Date Assigned:	06/11/2014	Date of Injury:	12/08/2008
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 71-year-old male injured on 12/08/08 due to undisclosed mechanism of injury. Current diagnoses included cervical disc herniation of 3mm at multiple levels, right C6 compression, right shoulder rotator cuff syndrome rule out tear, and right mild carpal tunnel syndrome. Clinical note dated 01/17/14 indicated the injured worker presented complaining of cervical spine, right shoulder, and right hand pain rated between 5-7/10. The injured worker reported utilization of Biotherm topical cream decreased pain levels from 7/10 to 5/10. The injured worker reported temporary improvement with previous cervical epidural steroid injections. Treatment recommendation included trial of acupuncture for the cervical spine and continuation of Biotherm topical cream. The initial request for Biotherm topical cream and acupuncture eight visits two times four cervical spine was initially non-certified on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOTHERM TOPICAL CREAM: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. Additionally, there is no indication that the injured worker cannot utilize the readily available over-the-counter formulation of this product if necessary. Therefore, Biotherm topical cream is not medically necessary.

ACUPUNCTURE 8 VISITS 2 X 4 CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of 3 - 4 visits over 2 weeks with evidence of objective functional improvement prior to approval of additional visits. Because the requests exceed guideline recommendations, the request cannot be considered medically necessary.