

Case Number:	CM14-0024609		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2012
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
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 Physical Medicine and Rehabilitation 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 29 year old who reported injury to lower back on 03/05/2012 secondary to picking up a heavy box. She complained of pain to the low back that is constant around the mid lumbar area that radiates down the posterior aspect of the bilateral lower extremities to the feet with numbness and tingling. She states that the pain is temporarily improved with pain medication. On examination of the lumbosacral spine there was no gross deformities iliac crest were parallel to the floor palpable tenderness of the left lower back, no evidence of any paravertebral muscle rigidity or spasm, a well healed 3cm scar that was non tender to palpation, the injured worker was unable to perform range of motion for the spine due to pain and reflexes to the lower extremities was normal bilaterally. The sensory examination did not reveal any areas of hypoesthesia. Previous diagnostic studies were an x-ray of the lumbosacral spine which revealed wide interlaminectomy space at L4-5 and L5-S1, no evidence of a pars interarticularis defect of old or new fracture, and overall osseous density is satisfactory. Her x-ray of the pelvis was also normal. She had diagnoses of severe axial back pain, left leg sciatica and radiculopathy with severe degeneration at L4-L5, grade I spondylolisthesis and disc collapse, moderate discogenic disease at L3-L4, and possible elevated liver enzymes secondary to prolonged medication usage, bipolar disorder with suicide attempt, and status post two laminectomy and discectomy surgeries. The injured worker had past treatments of physical therapy, two epidural injections with no relief, the use of a lumbar brace and oral medications. The documentation does not state how long the course of therapy was or the response to physical therapy. The injured worker's medications were Cymbalta, Oxycodone, Hydrocodone/Tylenol, and Hydromorphone. The treatment plan is for Bio-Therm topical cream 20%, 10%, 0.002%. The request for authorization form is signed, but not dated. There is no rationale for the request for Bio-Therm topical cream 20%, 10%, 0.002%.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM 20% 10% 0.002%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Page(s) 111 Page(s): 111-114.

Decision rationale: The injured worker complained of pain to the low back that is constant around the mid lumbar area that radiates down the posterior aspect of the bilateral lower extremities to the feet with numbness and tingling. She states that the pain is temporarily improved with pain medication. The injured worker had past treatments of physical therapy, two epidural injections with no relief, the use of a lumbar brace and oral medications. The documentation does not state how long the course of therapy was or the response to physical therapy. The California MTUS chronic pain guideline states that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. It's primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed and any compounded product that has at least one drug or drug class that is not recommended is not recommended. Also the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation does not specify the expected goal of the treatment. In addition the request for Bio-Therm topical cream 20%, 10%, 0.002% is a compounded product and it does not specify directions for use as well as where it is to be applied. Given the above, the request for Bio-Therm topical cream 20%, 10%, 0.002% is not medically necessary.