

Case Number:	CM13-0057423		
Date Assigned:	12/30/2013	Date of Injury:	09/05/2013
Decision Date:	04/13/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of September 5, 2013. In a Utilization Review Report dated November 14, 2013, the claims administrator denied a topical compounded medication reportedly dispensed on or around October 10, 2013. Motrin, however, was apparently approved through the utilization review process. The applicant's attorney subsequently appealed. In said October 10, 2013 progress note, the applicant reported ongoing complaints of low back pain. The applicant was returned to regular duty work while Motrin and a capsaicin containing topical compound were endorsed. The applicant was asked to pursue chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm Topical Cream (Methyl Salicylate 20%, Menthol 10% Capsaicin 0.002%) 4 oz.:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: No, the Bio-Therm topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are deemed "not recommended." Here, the applicant's concurrent usage of what ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals such as ibuprofen effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.