

Case Number:	CM15-0029956		
Date Assigned:	03/27/2015	Date of Injury:	10/02/2012
Decision Date:	05/05/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old male who sustained an industrial injury on 10/02/2012. Diagnoses include cervical strain, lumbar strain, right shoulder sprain and rule out impingement syndrome, insomnia, gastritis, hypertension, anxiety and depression. Treatment to date has included medications, and diagnostics. A physician progress note dated 07/15/2013 documents the injured worker continues to complain of lumbar spine pain that radiates down to the bilateral lower extremities. He takes Ultram and has been using Bio-Term topical cream. He has limited lumbar spine range of motion, and palpation of the paraspinal muscles revealed tenderness and hypertonicity bilaterally, right greater than the left. Kemp's test was positive. Straight leg raise test was positive on the right side and the left side. Shoulder range of motion is restricted. Neers impingement and Hawkins impingement tests were positive. Treatment requested is for retrospective medication prescribed (Bio-therm duration and frequency unknown) dispensed on 7/15/13. A Utilization Review determination was rendered recommending non-certification for Biotherm cream applies BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication prescribed (Bio-therm duration and frequency unknown) dispensed on 7/15/13.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products be utilized for the treatment of localized neuropathic pain when treatment with first-line anticonvulsant and antidepressant medications has failed. The records did not indicate that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first-line medications. The topical Biotherm cream was described by the manufacturer L'Oreal as a luxury skin care cream. There was no medical indication listed for the Biotherm cream. The criteria for the retrospective use of Biotherm cream DOS 7/15/2015 was not met. Therefore, the request is not medically necessary.