

Case Number:	CM13-0001942		
Date Assigned:	03/21/2014	Date of Injury:	04/20/2007
Decision Date:	05/12/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/18/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented State of [REDACTED] employee who has filed a claim for chronic elbow pain, knee pain, and wrist and low back pain reportedly associated with an industrial injury of April 20, 2007. The applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy over the life of the claim; prior left knee total knee arthroplasty on July 22, 2011 with subsequent revision surgeries and manipulation under anesthesia procedures; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 12, 2013, the claims administrator denied a request for Dyotin (gabapentin), denied request for TheraFlex cream, denied a request for Biotherm cream, and partially certified an additional four sessions of physical therapy out of six proposed. The claims administrator stated that he cannot identify the request for Dyotin. The applicant's attorney subsequently appealed. In an earlier progress note of June 11, 2013, the applicant was described as having had 12 sessions of physical therapy at that point. The applicant was using a home health aide. The applicant carried diagnoses of thumb pain, wrist pain, elbow pain, knee pain, knee arthritis, stress, anxiety, depression, and obesity. The applicant was on Norco and Soma at that point. In a subsequent note of July 19, 2013, the applicant was given a rather proscriptive 10-pound lifting limitation, which has apparently not been accommodated. The applicant was described as having ongoing elbow, thumb, wrist, hand, low back, and knee pain. The applicant was asked to continue physical therapy, Dyotin, TheraFlex, and Biotherm. It was stated that the applicant was having postoperative stiffness about the injured knee and was having painful range of motion, including painful walking. The applicant was still using a cane. On June 13, 2013, the applicant was again given prescriptions for Dyotin, capsaicin, TheraFlex, and Biotherm lotion. The applicant was

placed off of work, on this occasion. Additional physical therapy was sought. It was stated that the applicant had had 11 sessions of recent physical therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN SR 250MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 19 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document improvements in pain and function achieved as a result of ongoing gabapentin usage at each office visit. In this case, however, the attending provider has not asked the applicant at each office visit as to whether or not improvements in pain and/or function have been generated as a result of ongoing Dyotin usage. The applicant was placed off of work, on total temporary disability during large portions of the time during which gabapentin (Dyotin) was employed. The applicant was subsequently given work restrictions; however, it was unclear whether these limitations were ever accommodated or not. The applicant was still using a cane and was described as having persistent stiffness about the knee. On balance, the information on file does not establish the presence of ongoing improvements in pain and function achieved as a result of ongoing Dyotin (gabapentin) usage. Therefore, the request is not certified, on Independent Medical Review.

THERAFLEX CREAM 180MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: One of the ingredients in the cream is cyclobenzaprine or Flexeril, a muscle relaxant. However, muscle relaxants are not recommended for topical compound formulation purposes, per page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. This resulted in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on Independent Medical Review.

BIOThERM PAIN RELIEVING LOTION 4 OZ: Upheld

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

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American college of Occupational and Environmental Medicine 2nd Edition (2004) (ACOEM) Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Biotherm, which are, per page 111 of the California (MTUS) Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that, as with the other oral and topical agents, the applicant has been on this particular agent for some time and has seemingly failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant does not appear to have returned to work during large portions of the time during which Biotherm was employed. Significant physical impairment persists. The applicant is still using a cane. The attending provider has not established evidence of functional improvement as defined in MTUS section 9792.20f despite ongoing usage of Biotherm. Therefore, the request is not certified, on Independent Medical Review.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As of the date of the request and utilization report, the applicant had had prior treatment (at least 11 sessions) in 2013 alone, seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. All information on file seemingly suggests that the applicant had reached the plateau with prior treatment in terms of the functional improvement measures established in section 9792.20f. The applicant had failed to return to work. There is no evidence that the applicant's reliance on medical treatment had been diminished as a result of ongoing physical therapy. The applicant still had significant physical impairment. The applicant was still using a cane despite having completed 11 prior sessions of physical therapy. Given the applicant's poor response to earlier treatment, no compelling case has been made for additional treatment beyond the guideline. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.