

Case Number:	CM13-0003042		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2012
Decision Date:	03/27/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 physician 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:

This is a female patient with a date of injury of 2/14/13. A utilization review determination dated 7/16/13 recommends non-certification of Dyotin 250 mg SR #120, BioTherm topical lotion 4 oz., and Theraflex transdermal cream. A progress report dated 7/3/13 identifies subjective complaints including, "sharp pain and instability to her right knee. Back pain increases with prolonged standing." Objective examination findings identify, "x-rays of right knee and tibia/fibula reveal an increase of osteoarthritis." Diagnoses state, "840.4, 719.41, 836.0." Treatment plan recommends, "Supartz...the following medications to alleviate neuropathic pain: Dyotin 250 mg SR #120, BioTherm pain relieving topical lotion 4 oz., and Theraflex transdermal cream."

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR 250MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-epileptic Drugs (AED) Page(s): 16-21.

Decision rationale: Regarding the request for Dyotin SR, this is a proprietary compounded medication containing gabapentin in a sustained release formulation and the provider notes that the medications are prescribed for the purpose of treating neuropathic pain. CA MTUS does support the use of gabapentin in the management of neuropathic pain. However, the patient's symptoms and findings are not consistent with neuropathic pain and the documentation does not identify the rationale for a proprietary compounded form of gabapentin would be required instead of the FDA-approved standard formulation. In the absence of such documentation, the currently requested Dyotin is not medically necessary.

Biotherm Topical Lotion 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Regarding the request for BioTherm, this is a proprietary compounded topical medication containing capsaicin and the provider notes that the medications are prescribed for the purpose of treating neuropathic pain. CA MTUS cites that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The patient's symptoms and findings are not consistent with neuropathic pain and the documentation does not identify failure of other treatments prior to consideration for BioTherm. In the absence of such documentation, the currently requested BioTherm is not medically necessary.

Theraflex Transdermal Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for Theraflex, this is a proprietary compounded topical medication containing flurbiprofen and cyclobenzaprine and the provider notes that the medications are prescribed for the purpose of treating neuropathic pain. CA MTUS cites that topical NSAIDs are not recommended for the treatment of neuropathic pain as there is no evidence to support use, and they also note that there is no evidence to support the use of muscle relaxants topically. Additionally, the patient's symptoms and findings are not consistent with a diagnosis of neuropathic pain. In light of the above issues, the currently requested Theraflex is not medically necessary.