

<b>Case Number:</b>	CM13-0017641		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/15/2002
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Anesthesiology and 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 patient is an injured male worker who has been treated for bilateral knee, shoulder, and elbow pain as well as neck and lower back pain. X-rays have demonstrated bilateral knee arthritis. Tear of the medial knee cartilage and degeneration of the lumbar discs is noted. Supartz injection have been performed into both knees. The UR performed on 8/15/13 evaluated clinical documentation, the most recent of which was dated 5/15/13. I have available for my review a provider note from 10/2/13. It notes that the pain relief creams help patient to be able to sleep and improve his pain, (it is stated that "He feels more comfortable putting weight on his knees and is motivated to stay active when using the Shoreline topical analgesic creams and Dyotin") but does not note specific functional activities nor activities of daily living which are improved, nor is there any record of VAS pain score changes with and without medication

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-therm pain relieving lotion dispensed on 5/22/13:** 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): 105 and 111.

**Decision rationale:** The Physician Reviewer's decision rationale: The agents found in Biotherm are methyl salicylate, menthol, and capsaicin. MTUS guidelines state that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no documentation of intolerance to oral pain medication and that the claimant needs an alternative treatment in the form of a topical analgesic. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS. The request for Biotherm lotion is not medically necessary and appropriate.

**Dyotin SR 250mg #12:** 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 Page(s): 18.

**Decision rationale:** Dyotin contains compounded gabapentin, which has been studied and recommended by MTUS in specific pain states below. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. The medication is also recommended as a trial for spinal cord injury, CRPS, fibromyalgia, lumbar spinal stenosis, postherpetic neuralgia, and diabetic neuropathy. The injured worker does not carry any of the indicated diagnoses for which gabapentin is indicated. The request for Dyotin SR is not medically necessary and appropriate

**Theraflex 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 Page(s): 112.

**Decision rationale:** Theraflex cream contains flurbiprofen, cyclobenzaprine, and menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. The guidelines

state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Theraflex cream is not medically necessary and appropriate.