

Case Number:	CM13-0036706		
Date Assigned:	12/13/2013	Date of Injury:	10/26/2011
Decision Date:	02/15/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 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:

The patient is a 55-year-old female who reported an injury on 10/26/2011. The patient is diagnosed with adhesive capsulitis of the shoulder, knee joint instability, and pain in a joint of the shoulder. The patient was seen by [REDACTED] on 10/02/2013. The physical examination revealed anterior tenderness and decreased strength in the left shoulder. The treatment recommendations included continuation of current medications including Dyotin SR, Theraflex cream, and Biotherm pain relieving lotion, as well as an authorization for an MRI of the left knee and a cortisone injection into the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Section Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official

Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no documentation of noncompliance or misuse of medication. There is no evidence that this patient falls under a high-risk category that would require frequent monitoring. The medical necessity has not been established. Therefore, the request for urinalysis is non-certified.

o-therm lotion 120mg/4 oz bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications. Page(s): 71.

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

Decision rationale: The California MTUS Guidelines state topical analgesics 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. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of this patient's failure to respond to first line therapy with oral medication prior to initiation of a topical analgesic. The patient does not exhibit neurological deficit upon physical examination. Based on the clinical information received, the request for Bio therm Lotion 120mg/ 4oz bottle is non-certified.

Theraflex cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: The California MTUS Guidelines state topical analgesics 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. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of this patient's failure to respond to first line therapy with oral medication prior to initiation of a topical analgesic. The patient does not exhibit neurological deficit upon physical examination. Based on the clinical information received, the request for Theraflex Cream 180mg bottle is non-certified.

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 Antiepilepsy Drugs Section Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. As per the clinical notes submitted, there is no evidence of neuropathic pain upon physical examination. The medical necessity for the requested medication has not been established. Therefore, the request for Dyotin SR 250mg #120 is non-certified.