

Case Number:	CM13-0041244		
Date Assigned:	12/20/2013	Date of Injury:	12/22/2010
Decision Date:	02/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 12/22/10. A utilization review determination dated 9/17/13 recommends non-certification of Biotherm, Thermafex, and Prilosec. An 8/26/13 compounded prescription order form notes that Bio-Therm is methyl salicylate/menthol/capsaicin and Theraflex is Flurbiprofen/cyclobenzaprine/tramadol. A progress report dated 11/12/13 identifies subjective complaints including 20% improvement in symptoms with acupuncture, repetitive tasks of gripping and grasping with hands exacerbates her symptoms, meds and transdermal creams helping with her symptoms. Objective examination findings identify right wrist flexion 60, extension 50, TTP over healed surgical site, cervical spine TTP at paracervical muscles. Diagnoses include cervical myoligamentous sprain/strain, right wrist carpal tunnel syndrome, lumbosacral myoligamentous sprain/strain, bilateral knees patellofemoral pain syndrome, and s/p right wrist carpal tunnel decompression. Treatment plan recommends H-wave trial; continue with acupuncture, Ketoprofen, Robaxin, Prilosec for GI protection due to med upset. Transdermals were not refilled because they were denied although they were very helpful in patient's treatment for improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm pain relieving lotion transdermal cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Biotherm, California MTUS cites that topical NSAIDs are supported for osteoarthritis and tendinitis in joints that are amenable to topical treatment, and they are recommended for short-term use (4-12 weeks). Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis in a joint amenable to topical treatment and failure of other treatments prior to consideration for capsaicin. In the absence of such documentation, the currently requested Biotherm is not medically necessary.

Thermaflex ultra cream transdermal cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Thermaflex, California MTUS cites that topical NSAIDs are supported for osteoarthritis and tendinitis in joints that are amenable to topical treatment, and they are recommended for short-term use (4-12 weeks). California MTUS also notes that there is no evidence for use of muscle relaxants as a topical product. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis in a joint amenable to topical treatment. There is also no support for the cyclobenzaprine component and no rationale identifying the medical necessity of topical tramadol rather than the FDA-approved oral formulation. In the absence of such documentation, the currently requested Thermaflex is not medically necessary.

Prilosec 20 mg, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.

