

<b>Case Number:</b>	CM13-0041486		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Orthopedic Surgery 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 claimant is a 71-year-old female who injured her low back and bilateral knees following injury 04/29/1999. Clinical records for review include the claimant's most recent clinical report of 09/26/13 where she was assessed for bilateral knee complaints stating she was still having difficulty. There were continued complaints of pain about the low back as well. Objectively, there was examination showing tenderness and limping to the bilateral knees with plain film radiographs of the knee showing degenerative arthritis. Treatment plan at that time for diagnosis of degenerative joint disease was for continuation of medications to include Theraflex cream, Dyotin, Biotherm pain relieving lotion and a urinalysis.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** California MTUS chronic pain guidelines currently would not support the role of urinalysis. This individual is with no indication of urinary issue or indication for urine

drug screen given documentation of current medications for use. There is no indication of misuse or maluse of medications including narcotics. The request for urinalysis in this individual would not be indicated.

**THERAFLEX CREAM 180 MG: 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): 111-113.

**Decision rationale:** MTUS chronic pain medical treatment guidelines would not support the use of Theraflex cream. Guidelines states the use of topical analgesics is largely experimental with few randomized clinical controls demonstrating their efficacy and/or safety. The specific use of this cream in this individual who is with current diagnosis of degenerative joint disease to the knee would not be indicated.

**DYOTIN SR 250 MG, #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 Page(s): 18.

**Decision rationale:** MTUS chronic pain medical treatment guidelines would not support the use of Dyotin. Guidelines recommend the use of Dyotin for neuropathic pain. Dyotin, a brand form of Gabapentin, is indicated as first line agent for neuropathic pain or dysfunction. While this individual is noted to be with low back and knee complaints, she carries a diagnosis of degenerative joint disease. There is currently no formal physical examination findings of a neuropathic or neurologic nature. Without indication of underlying neuropathic pain, the use of this agent would not be supported.

**BIO-THERM PAIN RELIEVING LOTION, 120 MG: 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): 111-113.

**Decision rationale:** MTUS chronic pain medical treatment guidelines would not support the topical pain cream "Biotherm." The use of topical analgesics is largely experimental with few randomized clinical controls demonstrating their efficacy and/or safety. The use of this topical

agent for an individual with underlying diagnosis of degenerative joint disease would not be supported as medically necessary.