

Case Number:	CM13-0042703		
Date Assigned:	09/25/2014	Date of Injury:	03/17/2011
Decision Date:	10/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine 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:

Patient is a 48 year-old female with date of injury 03/17/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2013, lists subjective complaints as pain in the bilateral shoulders with radicular symptoms down both arms. Objective findings: Tenderness to palpation, stiffness, and decreased range of motion was noted about the bilateral upper extremities with decreased light sensation touch. X-rays of the cervical spine showed loss of cervical lordosis. No provocative maneuver tests or motor examinations were documented. Diagnosis: 1. Nerve entrapment of the upper extremities. The medical records supplied for review document that the patient was first prescribed the following medications of June 26, 2013. No SIG was provided in the records. Medications: 1. Bio-Therm pain relieving lotion 120mg 2. Theraflex cream 20%/10%/4% 180mg 3. Dyotin SR 250mg, #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91.

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The patient's current drug regimen does not include opioids. Urine drug screen is not medically necessary.

Bio-therm pain relieving lotion 120mg: Upheld

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

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

Decision rationale: Bio-therm pain relieving lotion contains salicylates. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bio-therm pain relieving lotion is not medically necessary.

Theraflex cream 20%/10%/4% 180mg: Upheld

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

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

Decision rationale: Theraflex cream 20%/10%/4% contains flurbiprofen, cyclobenzaprine, and menthol. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant, including cyclobenzaprine, as a topical product.

Dyotin SR 250mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: Dyotin SR is gabapentin. The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin is not medically necessary.