

Case Number:	CM13-0044655		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2004
Decision Date:	12/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 66 year old male with a date of injury of 8-6-2004. He has had severe pain to both knees, low back pain radiating to the lower extremities with numbness and tingling, right hand and wrist pain, and right shoulder pain. His surgeries include right shoulder surgery, date unspecified, right carpal tunnel release, and right sided total knee replacements X2. He has had lumbar epidural steroid injections with modest relief. His primary issue is that of ongoing right knee pain and stiffness. He has been taking oral anti-inflammatories, hydrocodone, and muscle relaxants. Topical compounds were added in October 2013. Right knee manipulation under anaesthesia was denied by the insurance carrier. The physical exam shows a globally tender right knee with reduced range of motion. The lumbar spine is diffusely tender and shows reduced range of motion. The lower extremity neurologic reveals normal strength and reflexes but diminished sensation bilaterally in the distribution of L4, L5, and S1. The plan was for repeat lumbar epidural steroid injections. The diagnoses include right shoulder impingement, partial right sided rotator cuff tear, severe osteoarthritis to both knees, right sided carpal tunnel syndrome, lumbar disc and facet disease, and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF BIO-THERM 120MG: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Capsaicin, topical (chili pepper/ cayenne pepper)

Decision rationale: Biotherm cream is a compounded formulation containing methyl salicylate, capsaicin .002%, and menthol. Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this instance, it appears that everything possible has either been done or requested to help with the injured worker's knee pain. Therefore, Biotherm 120 (capsaicin and methyl salicylate) was medically necessary.

PRESCRIPTION OF THERAFLEX 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Theraflex is a compounded formulation containing the anti-inflammatory flurbiprofen and the muscle relaxant cyclobenzaprine. The referenced guidelines state that if a compounded formulation contains one ingredient that is not recommended, then the entire compound is not recommended. In this instance, the topical formulation Bio-therm was thought to be medically necessary. Because Biotherm contains an anti-inflammatory, the addition of Theraflex would add another. The medical necessity of two separate topical anti-inflammatories has not been established. Therefore, Theraflex 180 mg was not medically necessary.

PRESCRIPTION OF DYOTION 250MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Anticonvulsants Page(s): 16.

Decision rationale: Dyotion 250 mg is a sustained release preparation of gabapentin. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. In this instance, the Dyotion appears to be prescribed for the knee pain which does not appear to have a neuropathic component. Therefore, Dyotion 250 mg was not medically necessary.