

<b>Case Number:</b>	CM13-0044684		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/26/2002
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 71-year-old female with date of injury 03/26/2002; mechanism of injury is a work related injury with complaints of pain in bilateral knees, right shoulder and right hand and wrist. Prior treatment includes 3 prior physical therapy; re-evaluation, 01/24/2013, determined moderate limitation with walking, moderate to severe limitation with stairs and moderate limitation to sitting and standing. Knee range of motion as of 12/17/2012 to 01/24/2013 was flexion 104/115 degrees and extension 0/-12 degrees. Strength was 4/-5 from 4/5 in flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-Therm Pain Relieving Lotion 4 oz. bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

**Decision rationale:** The request for Bio-Therm Pain Relieving Lotion is non-certified. Chronic Pain Medical Treatment Guidelines state for chronic pain, topical analgesics are largely experimental in use with few randomized control studies to determine efficacy or safety and are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical information submitted failed to provide objective improvement with the use of this medication. As such, the request is non-certified.

**Theraflex cream 180mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

**Decision rationale:** The request for Theraflex cream is non-certified. Chronic Pain Medical Treatment Guidelines state for chronic pain, topical analgesics are largely experimental in use with few randomized control studies to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical information submitted failed to provide objective improvement with the use of this medication. As such, the request is non-certified.

**Dyotin SR 250mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic non-specific axial low back pain Page(s): 17.

**Decision rationale:** The request for Dyotin SR 250mg is non-certified. Chronic Pain Medical Treatment Guidelines state a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Antiepilepsy drugs are recommended for neuropathic pain with specific medications to include Gabapentin. However, the patient is not noted to have neuropathic pain symptoms or examination findings consistent with neuropathic pain to support the use of this medication. Also, the documentation provided failed to provide objective improvement with the use of this medication to support continued use. As such, the request is non-certified.