

Case Number:	CM13-0046478		
Date Assigned:	03/03/2014	Date of Injury:	02/02/2010
Decision Date:	08/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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:

The claimant was injured on 02/02/10. Medications and urinalysis are under review. The claimant has a history of recurrent dislocation of the lower leg joint with derangement of the ankle and foot, cervical and lumbar intervertebral discs and, disorder of the shoulder region. She had a low back sprain and tear of the meniscus of the knee. She saw [REDACTED] on 05/19/14 for her right shoulder and ankle and cervical spine and she still had severe pain at level 7/10. She wanted more information regarding the Bionicare program. X-rays of the right shoulder, humerus, thoracic spine, lumbar spine, right hand and wrist, knees and bilateral tibia showed no progression of degenerative changes. X-rays of the right foot and right ankle showed significant lateral tilt of the ankle. A modified Brostrm stabilization procedure was recommended for the right ankle along with the Bionicare program for the bilateral knees. She underwent a cortisone injection under ultrasound. On 06/13/13, she was seen postop and was better after arthroscopic rotator cuff repair 9 days before. She had limited range of motion. She continued medications. On 01/06/14, she saw [REDACTED] and had persistent pain in her low back and right ankle with instability of the ankle. She was in marked distress and her ankle was swollen. She was doing poorly and MRIs were ordered. On 01/06/14, she was seen for her right shoulder. She had tenderness and stiffness of the right shoulder, ankle, and lumbar spine. X-rays showed tendinitis in the right shoulder. An MRI of the right ankle was recommended for instability and MRI of the lumbar spine was recommended for possible disc herniation. She received a number of medications. She was given hydrocodone/APAP, cyclobenzaprine, diclofenac, pantoprazole, Dyotion, Theraflex cream, and Kera-Tek gel, and midazolam. On 08/12/13, she was seen for her right shoulder and she was going to physical therapy. She had bilateral knee pain with the right knee worse and right ankle pain and swelling a at times. Her lumbar spine and cervical spine were tight and stiff. Her right wrist had constant pain and numbness and she had difficulty

walking due to right ankle pain. Additional PT was ordered and she continued hydrocodone/APAP, cyclobenzaprine, diclofenac, and pantoprazole. She attended physical therapy in August 2013 for her shoulder. An MRI of the lumbar spine dated 02/21/14 revealed moderate to severe disc narrowing and endplate changes at L2-3 with a posterior disc/osteophyte complex. There was mild bilateral facet hypertrophy and mild to moderate narrowing of the thecal sac. Levels were unremarkable. An MRI of the right ankle dated 02/21/14 revealed minimal ankle joint effusion and joint spaces were normal. There is thickening of the medial band of the plantar aponeurosis. There was a thickened anterior and posterior talofibular ligament and slight thickening of the calcaneofibular ligament. On 12/02/13, she saw a provider for her right shoulder and back. She still had pain. She was awaiting physical therapy for her shoulder. She had decreased range of motion and impingement. She received multiple medications again. These included hydrocodone/APAP, cyclobenzaprine, diclofenac, pantoprazole, Dyotion, Theraflex, Kera-Tek, and melatonin. She also was diagnosed with PTSD and major depression. She had discontinued alprazolam and was taking hydroxyzine which helped. She was also taking sertraline. She was to continue following up. She saw [REDACTED]. She was seeing him approximately monthly in late 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Theraflex, a topical agent. The MTUS page 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of several other medications, also, and the anticipated benefit to her of this medication was not described and none can be ascertained from the file. The medical necessity of this request for Theraflex has not been clearly demonstrated.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, various chapters.

Decision rationale: The history and documentation do not objectively support the request for urinalysis. The MTUS state regarding drug testing, recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. There is no indication that a drug test was ordered and no indications for one have been described. The Harrison's textbook states urinalysis may be indicated depending on symptoms and the medical condition that is being evaluated. There is no documentation of an indication for urinalysis and none can be ascertained from the file. Drug tests are not typically done via urinalysis. There are no medical indications documented in the file that would support this request for urinalysis. Therefore, the request for Urinalysis is not medically necessary and appropriate.

BIO THERM 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Product not identified.

Decision rationale: The history and documentation do not objectively support the request for Biotherm 120 mg. This product could not be identified other than as a fragrance or cosmetic. The medical necessity of its use has not been clearly demonstrated.

DYOTION 250MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Product not identified.

Decision rationale: The history and documentation do not objectively support the request for Dyotion 250 mg #120. This product could not be identified as a medical product via the MTUS, ODG, or other literature. The medical necessity of its use has not been clearly demonstrated.