

Case Number:	CM13-0046667		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation 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:

This is a 55 year old female who was injured on 7/16/12. According to the 10/2/13 orthopedic report from [REDACTED] the patient presents with lumbar pain and swelling in the right ankle, and limited motion in the right knee. She has been diagnosed with "715.96" (unspecified osteoarthritis lower leg); and "719.46" (lower leg joint pain). [REDACTED] prescribed Dyotin SR 250mg capsules #120; Theraflex cream 180mg; and Bio-therm pain gel 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX 180MG 20%/10%/4%: Upheld

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

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

Decision rationale: The physician's medical reports do not state what the Theraflex cream is composed of, nor do they discuss efficacy of the medication. According to the 10/21/13 UR denial letter, the Theraflex cream is a compounded topical containing flurbiprofen, cyclobenzaprine and menthol. The MTUS Chronic Pain Guidelines give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug

class) that is not recommended is not recommended." MTUS Chronic Pain Guidelines state baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant Cyclobenzaprine component of the topical Theraflex is not recommended, therefore the whole compounded topical Theraflex is not recommended.

120 DYOTIN 250MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

Decision rationale: There is no discussion in the medical reports as to whether this medication is efficacious. The 10/21/13 UR letter states Dyotin is gabapentin. MTUS Chronic Pain Guidelines has recommendations for gabapentin for neuropathic pain, and continued use if there is at least 30% improvement. The available records show the diagnoses as lower leg osteoarthritis and joint pain. The patient also has low back pain. There is no indication of any neuropathic pain, and no reporting on the efficacy of Dyotin. The MTUS Chronic Pain Guidelines do not recommend continuing gabapentin if there is not at least a 30% improvement, and it is not recommended for non-neuropathic joint pain or osteoarthritis pain. The request is therefore not medically necessary and appropriate.

120GM BIOTHERM: Upheld

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

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

Decision rationale: The requesting physician has not provided a description of what the topical cream is composed of. According to the 10/21/13 UR letter, Biotherm is a topical salicylate, but all the components are not listed. The MTUS Chronic Pain Guidelines give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." However, without a description of all the components of Biotherm, the compounded topical analgesic cannot be recommended. The request is therefore not medically necessary and appropriate.