

Case Number:	CM13-0047730		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2007
Decision Date:	03/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in New Hampshire. 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 patient is a 64 year-old injured worker with a date of injury of 02/23/07. The mechanism of injury was not specified in the records. A PR-2 Report by [REDACTED], dated 10/3/13, identified subjective complaints of pain, stiffness, and limited motion of the left shoulder. Objective findings included tenderness to palpation. Other parameters were not listed. Diagnostic studies included left bicep subluxation on x-ray. MR arthrogram revealed a rotator cuff tear. Diagnoses indicate that the patient has a rotator cuff tear and shoulder impingement. There is limited documentation of previous other therapeutic modalities. Treatment now recommended is surgical repair and medication. A Utilization Review determination was rendered on 10/18/13 recommending non-certification of "Biotherm 120 mg; Theraflex 180 gm 20%/4%; Dyotin 250 mg SR #120 2 bid".

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Therm 120 gm: 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.

Decision rationale: Biotherm lotion is a topical analgesic containing capsaicin and methyl salicylate. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents including the aforementioned have been used as a topical. Capsaicin has shown success in musculoskeletal conditions. However, they are recommended only as an option in patients who have not responded or are intolerant to other treatments. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation of oral therapies that have failed. Additionally, The MTUS state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. There is no stated indication for musculoskeletal joint pain. The record does not document other failed therapies. Therefore, there is no documented medical necessity for Bio Therm in this case. The request for Bio Therm 120 gm is not medically necessary and appropriate.

Theraflex 180 gm 20%/4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Salicylate Topicals; Topical Analgesics Page(s): 41, 105, 111-113.

Decision rationale: Theraflex is a topical analgesic that appears to have different ingredients based upon the manufacturer. The requested formulation contains flurbiprofen, an NSAID, cyclobenzaprine, a muscle relaxant, and menthol. However, there are other formulations such as Theraflex Rx which contains 14 ingredients, the active appearing to be methyl salicylate. ■■■■■ Theraflex contains the active ingredient capsaicin. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents including the aforementioned have been used as a topical. Topical NSAIDs have shown success in non-neuropathic pain. However, the only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is a muscle relaxant. The MTUS Guidelines do not address the topical form. However, they do state that the addition of cyclobenzaprine to other agents is not recommended. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, The Chronic Pain Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. Based on the medical records provided for review there is no stated indication for musculoskeletal joint pain. An exception to the above is salicylate topicals, which are recommended as being significantly better than placebo in chronic pain. Therefore, there is no documented medical necessity for Theraflex in this case. The request for Theraflex 180 gm 20%/4%, is not medically necessary and appropriate.

Dyotin 250 mg SR Capsules #120 2 caps Bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21, 49.

Decision rationale: Dyotin (gabapentin) is an anti-seizure agent. The California MTUS Chronic Pain Medical Treatment Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. Due to the lack of supporting data, and lack of evidence for neuropathic pain, there is no demonstrated necessity for Dyotin in this case. The request for Dyotin 250 mg SR Capsules #120 2 caps Bid, is not medically necessary and appropriate.