

Case Number:	CM13-0048489		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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; has a subspecialty in Sports Medicine and is licensed to practice in 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 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 patient is a 55-year-old female who reported an injury on February 08, 2012 after a fall. The patient had been treated with injection therapy, physical therapy, and multiple medications. The patient's most recent clinical evaluation documented that the patient had persistent left shoulder pain. Physical findings included upper arm pain and anterior with posterior tenderness to the left shoulder. The patient's diagnoses included pain in shoulder joint and rotator cuff syndrome. The patient's treatment plan included a request for authorization for physical therapy, and continuation of medications to include hydrocodone for pain relief, Dyotin SR capsules, Theraflex cream, and Bio-Therm.

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 TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The requested medication is a compounded agent that contained flurbiprofen, cyclobenzaprine, and menthol. California MTUS Guidelines do not support the

long-term use of non-steroidal anti-inflammatory drugs as a topical agent. Additionally, there is no documentation that the patient is unable to tolerate oral formulations or that oral formulations of non-steroidal anti-inflammatory drugs are contraindicated to this patient and would require a topical non-steroidal anti-inflammatory drug. The California MTUS Guidelines do not recommend the use of cyclobenzaprine as a topical analgesic, as there are few scientifically controlled studies to support the efficacy and safety of this medication as a topical analgesic. Additionally, the clinical documentation does indicate that the patient has been using this medication since at least June 2013. There is no documentation of functional improvement or pain relief to support extending treatment beyond guideline recommendations. As such, the requested Theraflex, 180mg, is not medically necessary or appropriate.

DYOTIN SR 250MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

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

Decision rationale: The California MTUS Guidelines do recommend gabapentin as a first-line medication in the management of chronic pain. However, continued use must be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least June 2013. However, there is no documentation of functional benefit or pain relief to support continued use of this medication. As such, the requested Dyotin SR 250mg, #120, is not medically necessary or appropriate.

BIO-THERM 120MG: Upheld

Claims Administrator guideline: Decision based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page(s) 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105.

Decision rationale: The California MTUS Guidelines do recommend topical salicylates, to include methyl salicylate, to reduce chronic pain related to osteoarthritic related pain. However, the California MTUS Guidelines also recommends that medications that are used in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least June 2013. However, there was no documentation that the patient has any functional benefit or pain relief related to the use of this medication. Therefore, continued use is non-certified. As such, the requested Bio-Therm, 120mg, is not medically necessary or appropriate.