

Case Number:	CM13-0048934		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1993
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology and Pain 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 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:

The patient is a 56-year-old male who reported an injury on 11/01/1993. The patient is diagnosed with knee joint instability, osteoarthritis, and degenerative disc disease in the lumbar spine. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 7/10 pain in bilateral knees. Physical examination was not provided. X-rays obtained in the office indicated no increase of osteoarthritis in bilateral knees and degenerative disc disease in the lumbar spine. Treatment recommendations included an intra-articular cortisone injection, authorization for 5 series of Supartz viscosupplementation injections, a TENS unit and, and authorization for Dyotin SR, TheraFlex cream, and Biotherm lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm lotion: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

TheraFlex cream (Flurbiprofen/cyclobenzaprine/menthol): 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

Dyotin (gabapentin/Methocel): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. As per the documentation submitted, the patient's physical examination on the requesting date of 10/02/2013 was not provided. Therefore, there is no evidence of neuropathic pain. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.