

<b>Case Number:</b>	CM13-0049276		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 02/01/2004. The patient is diagnosed with primary localized osteoarthritis of the hand, carpal tunnel syndrome, and pain in a joint of the hand. The patient was seen by [REDACTED] on 09/25/2013. The patient was scheduled for an arthroscopy of the left long finger with trigger finger release. Physical examination revealed locking and catching of the left long finger with tenderness and spasm. Treatment recommendations included prescription for dyotin, Theraflex cream, and Biotherm pain relieving lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyotin SR 250mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**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 clinical documentation submitted, the patient does maintain a diagnosis of carpal tunnel syndrome. However, there is no current documentation of any symptoms, physical examination findings, or recent testing supportive of the diagnosis or any other neuropathic condition for which Gabapentin would be appropriate. Based on the clinical information received, the request is non-certified.

**Theraflex cream 180gm 20%/10%/4%:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled 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, the patient does maintain a diagnosis of carpal tunnel syndrome. However, there is no documentation of physical examination findings, or symptoms consistent with neuropathic pain. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Bio-therm 120gm pain relieving lotion 4oz bottle:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled 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, the patient does maintain a diagnosis of carpal tunnel syndrome. However, there is no documentation of physical examination findings, or symptoms consistent with neuropathic pain. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.