

Case Number:	CM13-0051814		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2011
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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 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 applicant is a represented employee who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of June 24, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; carpal tunnel release surgery; unspecified amounts of physical therapy; and topical compounds. An October 23, 2013, progress note is notable for comments that the applicant reports 7/10 throbbing pain about the hands. A Functional Capacity Evaluation was sought while prescriptions for Norco, Flexeril, Voltaren, Protonix, Dyotin, Theraflex, and Biotherm lotions were issued. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether or not the applicant was working. Multiple other physical therapy and progress notes interspersed throughout 2012 and 2013 are notable for comments that the applicant is off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX CREAM 180 GM: Upheld

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

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

Decision rationale: One of the ingredients in Theraflex cream is Flexeril, a muscle relaxant. However, the guidelines state that muscle relaxants are not recommended for topical compound formulation purposes. Since the Flexeril ingredient in the compound is not recommended, the entire compound is considered not recommended for use. Therefore, the requested Theraflex cream is not medically necessary or appropriate.

DYOTIN SR 250MG CAPSULE # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 and 49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that gabapentin is a first-line treatment for neuropathic pain. In this case, the applicant is described as having ongoing issues with wrist pain, reportedly the result of carpal tunnel syndrome, a neurologic or neuropathic issue. In this case, the request in question represents a first-time request for Dyotin (gabapentin). A trial of the same is indicated in the Guidelines. Therefore, the requested Dyotin is medically necessary and appropriate.

BIO THERM PAIN RELIEVING LOTION 4 OZ BOTTLE 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The ACOEM Guidelines state that oral pharmaceuticals are a first-line palliative method. In this case, a prescription for a first-line oral pharmaceutical medication, Dyotin (gabapentin) has been found medically necessary. The applicant is also using a variety of other first-line oral pharmaceutical medications. It is further noted in the guidelines that topical compounds and topical agents, such as Biotherm, are largely experimental. Therefore, the requested Biotherm is not medically necessary or appropriate.