

<b>Case Number:</b>	CM13-0057146		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 4/11/00. She was seen by her primary treating physician on 10/17/13 with complaints of lumbar spine and bilateral knee pain described as 8/10 pain. Her physical exam showed no changes to her lumbar spine. She had "decrease motion, sensation and loss of strength in the lumbar spine". Her diagnoses were given in codes and not names. Prior physician notes document that she has had lumbar and knee surgery and her diagnoses include: degenerative disc disease L5-S1 of the lumbar spine and tricompartmental osteoarthritis of the bilateral knees. She was to continue pool therapy and prescribed tylenol with codeine, theraflex cream, biotherm lotion and dyotin. The latter three medications are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Dyolin SR 250MG capsules # 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 9792.20-9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic back and kneepain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery, aquatherapy use of several medications including narcotics, topical analgesics and gabapentin. 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. Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify ongoing use. She is also receiving opioid analgesics and the gabapentin is not medically necessary.

**RETROSPECTIVE REQUEST FOR THERAFLEX CREAM 180MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112.

**Decision rationale:** This worker has chronic back and kneepain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery, aquatherapy use of several medications including narcotics, topical analgesics and gabapentin. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.

**RETROSPECTIVE REQUEST FOR BIO-THERM LOTION 4OZ. BOTTLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112.

**Decision rationale:** This worker has chronic back and kneepain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery, aquatherapy use of several medications including narcotics, topical analgesics and gabapentin. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.