

Case Number:	CM13-0057389		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2000
Decision Date:	07/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 injured worker is a 62-year-old female with a reported date of injury on 03/21/2000. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic pain state, status post right knee surgery, GERD/dyspepsia with pylorospasm. Her previous treatments were noted to include pool therapy, exercise program, surgery, motorized scooter, and medications. The progress report dated 04/22/2014 reported the injured worker stated the housekeeping help has helped to reduce her pain level and her fatigue. The injured worker had a home scooter which was helping her a great deal. The injured worker reported overall, continuing to tolerate medications although constipation continued. The progress note dated 04/02/2014 reported the injured worker complained of intense pain to the right knee and lumbar spine as well as the left knee. The physical examination reported medial tenderness and a limping ambulation to the bilateral knees rated 5/10. The request for authorization form was not submitted within the medical records. The request is for BioTherm pain relief topical lotion for the knee and lumbar spine, and Theraflex topical moisture cream for both knees and the lumbar spine; however, the provider's rationale was not submitted within the medical records. The progress note dated 04/22/2014 noted her medications to include Lyrica 75 mg 1 at bedtime, oxybutynin twice a day, sertraline 100 mg daily, levothyroxine 25 mcg every morning, Provigil 200 mg one half to 1 tablet every morning, pantoprazole 40 mg twice a day, Tigan 300 mg one 3 times a day as needed, Voltaren gel 4 gm, Flector patch, hyoscyamine sublingual 0.125 mg 1 to 2 tablets 3 times a day as needed, Maxzide 37.5/25 mg 1 every morning, lisinopril 20 mg daily, Norvasc 5 mg daily, Tylenol No. 4 as needed, and morphine tablets 15 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm pain relief topical lotion for the knee and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, page 105 Page(s): 105.

Decision rationale: The request for BioTherm pain relief topical lotion for the knee and lumbar spine is not medically necessary. The injured worker has been receiving medications and therapies for pain. The California Chronic Pain Medical Treatment guidelines recommend topical salicylates better than placebo in chronic pain. However, the request did not provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Theraflex topical moisture cream for both knees and the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The request for Theraflex topical moisture cream for both knees and lumbar spine is not medically necessary. Theraflex consists of benzoxonium chloride, chondroitin polysulfate, and glucosamine. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is not enough documentation.