MAXIMUS Federal Services

Case Number:	CM13-0057558		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2008
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine has a subspecialty in Interventional Spine 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:

This is a 56-year-old female who was injured on 1/1/08. On 11/4/13 [redacted] recommended a retrospective denial for bio-therm lotion, Theraflex cream and Dyotin SR, based on the 10/24/13 report from [redacted]. Unfortunately, the 10/24/13 report form [redacted] was not provided for this IMR. The most recent available report from [redacted] is the 8/5/13 report. On 8/5/13 the patient presents with 7/10 right hand and wrist pain. The physical exam consisted of x-rays of the right hand, which reportedly show (CTS) carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective requested treatment for Bio-Therm Lotion 4oz. bottle Quantity 1: Upheld

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

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

Decision rationale: On 8/5/13, the patient presents with 7/10 right wrist pain. I have been asked to review for bio-therm lotion. There is no description of what this lotion is composed of, or what the active ingredient is, and I have not been provided with the 10/24/13 report to evaluate

whether Bio-therm lotion provided functional improvement. Without a description of what Bio-therm lotion is composed of or what the intended use, it is unknown what section of the Chronic Pain Medical Treatment Guidelines would be applied. I cannot confirm that the request for Bio-therm lotion with unknown components and unknown efficacy is in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.

The retrospective requested treatment for Theaflex Cream 180mg: Upheld

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

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

Decision rationale: On 8/5/13, the patient presents with 7/10 right wrist pain. I have been asked to review for Theraflex cream. There is no description of what this cream is composed of, or what the active ingredient is, and I have not been provided with the 10/24/13 report to evaluate whether Theraflex cream provided functional improvement. Without a description of what Theraflex cream is composed of or what the intended use was, it is unknown what section of the Chronic Pain Medical Treatment Guidelines would be applied. I cannot confirm that the request for Theraflex cream with unknown components and unknown efficacy is in accordance with Chronic Pain Medical Treatment Guidelines. Therefore request is not medically necessary.

The requested treatment for Dyotin (SR) sustained release 250mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: On 8/5/13, the patient presents with 7/10 right wrist pain. I have been asked to review for Dyotin 250mg. There is no description of what this or what it is composed of, or what the active ingredient is, and I have not been provided with the 10/24/13 report to evaluate whether Dyotin 250mg provided functional improvement. Chronic Pain Medical Treatment Guidelines states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement "Without a description of what medication is composed of or what it was intended use was, it is unknown what section of the Chronic Pain Medical Treatment Guidelines would be applied. I cannot confirm that the request for Dyotin with unknown components and unknown efficacy is in accordance with Chronic Pain Medical Treatment Guidelines. Therefore request is not medically necessary.