

Case Number:	CM13-0058003		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2011
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 least at 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 69-year-old female who reported an injury on 06/04/2011. The mechanism of injury was not provided for review. The patient ultimately underwent left total knee arthroplasty on 09/30/2013 with residual pain swelling and limited range of motion. Patient's most recent clinical documentation noted that the patient had 7/10 pain it limited her ability to ambulate. Treatment recommendations included a postoperative home physical therapy prescription, medications to included Dyocin, Thoroflex cream, and Biotherm pain relieving lotion in addition to Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bioterms 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105, 111.

Decision rationale: The requested Biotherm 120 gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend topical silicates in management of a patient's osteoarthritic pain for short durations of treatment when the patient

has failed to respond to oral analgesics. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to oral analgesics. Additionally, the request does not include an intended duration of treatment. As this type of medication is only recommended for short durations of treatment and the duration is not provided, the appropriateness of this medication cannot be determined. As such, the requested Biotherm pain relieving lotion in a 4 oz bottle is not medically necessary or appropriate

Thoroflex 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Thoroflex 180 gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the routine use of topical analgesics as they are largely experimental and there are few randomized controlled studies to support the long term efficacy and functional benefit of these medications. The clinical documentation submitted for review does not provide an intended duration of treatment. As long term use of these types of medications is not supported by guideline recommendations the appropriateness of this medication cannot be determined. Additionally, there is no documentation that the patient has failed to respond to oral analgesics. Therefore, the use of this topical analgesic is not indicated at this time. As such, the requested Thoroflex 180 gm is not medically necessary or appropriate.

Dyocin 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The requested Dyocin 250 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends anticonvulsants as first line medications for neuropathic pain. The clinical documentation submitted for review does not provide any evidence of nerve damage that would cause neuropathic pain that would benefit from an anticonvulsant. Therefore, the need for this medication is not clearly established. As such, the requested Dyocin SR, 250 mg capsules, #120 is not medically necessary or appropriate.