

Case Number:	CM13-0062021		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2009
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, 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 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 patient is a 46-year-old male who sustained an injury on 06/13/2009 of an unspecified nature. The patient was evaluated on 01/15/2014 for continued complaints of right shoulder pain. The documentation submitted for review indicated the patient's pain level was 4/10 on the Visual Analog Scale. The physical examination noted the patient had decreased strength in the internal and external rotation. The patient was additionally noted to have anterior tenderness to the right shoulder. The treatment plan was noted as administration of an intra-articular cortisone injection and Soma 350 mg #60 to help with pain and discomfort. The documentation stated the patient should return in 6 weeks for a follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Bio-Therm lotion 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for pharmacy purchase of Biotherm lotion 120 g times 1 is non-certified. The California MTUS Guidelines state any compounded product that contains at least

1 drug or drug class that is not recommended is not recommended. The documentation submitted for review did not indicate what was contained in the Biotherm lotion. Therefore, the medications included in the Biotherm lotion and cannot be properly evaluated. Thus, the continued use is not supported. It is additionally noted the medication was not indicated on the treatment plan. Given the information submitted for review, the request for pharmacy purchase of Biotherm lotion 120 g times 1 is non-certified.

Purchase of Dyotin 250mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The request for pharmacy purchase of Dyotin 250 mg #120 is non-certified. The California MTUS Guidelines state that 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. The documentation submitted for review dated 01/15/2014 did not indicate the medication as part of the treatment plan. Furthermore, there was no documentation indicating the patient suffered from neuropathic pain. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Dyotin 250 mg #120 is non-certified.