

Case Number:	CM13-0062449		
Date Assigned:	12/30/2013	Date of Injury:	07/22/1997
Decision Date:	04/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/07/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The patient is a 61-year-old female who reported an injury on 07/22/1997. The mechanism of injury information was not provided in the medical records. A review of the medical records reveals the patient's diagnoses include cervical spine sprain with disc herniation at C5-6, bilateral wrist strain with bilateral carpal tunnel syndrome, lumbosacral spine strain with disc herniation at L5-S1 level, and medial and lateral meniscus tears of the left knee, status post arthroscopic surgery. The most recent clinical note dated 12/26/2013 reveals that the patient complained of swelling and aching pains in the left knee. She also had complaints of constant, intense, sharp pain to the lumbar spine. The patient also reported numbness with stiffness in the bilateral hands, and was experiencing swelling in the wrists. Objective findings upon examination revealed medial tenderness with swelling and limping ambulation to the left knee. The patient rated the pain 10/10. X-ray of the bilateral knees and bilateral tibia showed no increased soft tissue swelling. X-rays of the bilateral hands and bilateral wrists showed no increase of soft tissue swelling. X-rays of the cervical spine showed loss of cervical lordosis, and x-rays of the lumbar spine show loss of lumbar lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Therm 120 gm: 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 Section Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are generally recommended when trials of antidepressants and anticonvulsants have failed. There is no documentation in the medical records suggestive that there have been any failed attempts at the use of anticonvulsant or antidepressant medications to treat the patient's condition. As such, the medical necessity for the requested service cannot be determined at this time, and the request for Biotherm 120 grams 3 to 4 times a day for neck pain and bilateral upper extremity pain is non-certified.

TheraFlex 120 gm 20%/10%/4%: 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 Section Page(s): 111-113.

Decision rationale: Per California MTUS Guidelines, it is stated that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety of its use. They are generally recommended when trials of antidepressants and anticonvulsants have failed. There is no documentation in the medical records of any failed attempts of the use of antidepressants or anticonvulsants to treat the patient's condition. It is also stated in California MTUS Guidelines that any compound medication that consists of 1 drug that is not recommended is not recommended. The requested medication contains Flurbiprofen, Cyclobenzaprine, and menthol. Cyclobenzaprine is a muscle relaxant and per California MTUS Guidelines, it is stated that there is no evidence for use of any muscle relaxant as a topical product. As such, the medical necessity for continued use of the requested medication cannot be determined at this time. Therefore, the request for TheraFlex 120 mg 20%/10%/4% apply 2 to 3 times daily for neck pain, bilateral upper extremities, is non-certified.

Dyotin SR 250 mg #120: 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 Drug Section Page(s): 16-19.

Decision rationale: Per California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. The requested medication is a sustained release form of Gabapentin. It is stated in California MTUS that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has also been considered as a first-line

treatment for neuropathic pain. There is no documentation in the medical record suggestive that the patient has a diagnosis of any type of cervical radiculopathy that would require the use of this medication for the treatment of his neck. Upon physical examination of the cervical spine, it was documented that there was normal posture, no associated spasm, thickening, or nodularity. There was mild tenderness present, along with trapezius muscles bilaterally. Range of motion was within normal limits and equal bilaterally. As such, the medical necessity for the requested medication cannot be determined at this time. Therefore, request for Dyotin SR 250 mg capsules 2 twice a day #120 for the neck is non-certified.