

<b>Case Number:</b>	CM13-0062815		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/03/1985
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 57-year-old male who reported an injury on 09/03/1985. The mechanism of injury information was not provided in the medical records. The patient has undergone 9 total right knee surgeries, including a right total knee arthroplasty in 2010. The patient has received postoperative physical therapy, with documented physical therapy notes showing range of motion of 0 to 110 degrees with strength of 3/5. The most recent clinical note dated 10/28/2013 reveals the patient complained of significant knee pain. He states that his knee has been hurting especially in the cold weather and complains of shin pain as well. Objective findings upon examination revealed anterior tenderness with swelling and stiffness in the right knee, as well as a limping ambulation and limited range of motion. Examination was taken of the right knee, and tibia showed no increase of osteoarthritis. The patient received an intra-articular cortisone injection under sterile conditions with ultrasound guidance to the right knee to help reduce pain and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 474, education of the patient and family

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient has received prior physical therapy sessions for his chronic pain condition. There is no documentation in the medical record of any subjective benefits or objective findings of functional gain upon examination with prior physical therapy sessions. Per California MTUS Guidelines, it is stated that physical therapy is extended if there is documented functional improvement. As there is no documentation of such provided in the medical record, the medical necessity cannot be determined at this time. Therefore, the request of physical therapy x12 sessions is non-certified.

**BIO-THERM 120GM: TOPICAL SALICYLATE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 the efficacy or safety of its use. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As there is no documentation in the medical record of the patient having any failed attempts at the use of antidepressants or anticonvulsants to treat the patient's condition, and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, the medical necessity for the requested service cannot be determined at this time, and the request for Biotherm 120 grams topical salicylate is non-certified.

**THERAFLEX 180GM: FLURBIPROFEN, CYCLOBENZAPRINE & MENTHOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 the efficacy or safety of its use. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that any compounded medication that contains 1 medication that is not recommended, that compounded medication is not recommended. The requested medication contains cyclobenzaprine, and there is no evidence for the use of any muscle relaxant as a topical product. The patient has been taking the requested medication for a significant amount of time, but continues to have significant complaints of pain. As the requested medication contains 1 medication that is not recommended per California MTUS Guidelines, and there is no documentation in the medical record of any trial at the use of antidepressants or

anticonvulsants to treat the patient's condition, the medical necessity for the requested medication cannot be determined at this time, and the request for TheraFlex 180 grams, Flurbiprofen, cyclobenzaprine, and menthol is non-certified.

**DYOTIN SR 250MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** Per California MTUS Guidelines, the requested medication gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. There is no documentation in the medical record that the patient has either of the previously-mentioned diagnoses that would warrant the continued use of the medication. The patient has been taking the requested medication for a significant amount of time and continues to have complaints of pain, which suggests that the medication is ineffective in the treatment of the patient's pain. As such, the medical necessity for continued use cannot be determined at this time, and the request for Dyotin SR 250 mg #120 is non-certified. While the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.