

Case Number:	CM13-0062902		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2012
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation 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 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:

This patient is a 22-year-old female with a date of injury of 06/13/2012. The listed diagnoses per [REDACTED] are: 1. Disk herniation at the level L5-S1 of the lumbar spine. 2. Clinical and MRI scan evidence of significant patellofemoral malalignment of the bilateral knees with lateral tracking of the patella. According to report dated 11/17/2013 by [REDACTED], the patient presents with continued knee complaints. The patient presents today for preoperative and postoperative surgical instructions. She has been scheduled for an arthroscopic of the right knee with patella stabilization. Examination revealed patient has positive patellar apprehensive sign bilaterally, right greater than left. It was noted the patient walks with bilateral antalgic gait. To alleviate her pain and discomfort, the treater is requesting Norco 10/325 mg #60 and prescription for Dyotin SR 250 mg #120, Theraflex cream 180 mg, and Biotherm pain relieving lotion 40 oz bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM LOTION 120 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Chronic Pain Section/Nsaids/Lidocaine/Capsaicin/Baclofen Section Page(s): 111.

Decision rationale: This patient presents with continued bilateral knee pain. The treater is requesting capsaicin based Biotherm. The ACOEM, MTUS and ODG guidelines do not specifically discuss Biotherm cream. For capsaicin, MTUS Guidelines page 29 states, "Recommended only as an option in patients who have not responded or are intolerant to other treatment. There are positive randomized studies with capsaicin cream and patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain." In this case, the patient does not meet the indications for this capsaicin based cream. Furthermore, the treater has prescribed capsaicin-based Biotherm topical cream without disclosing concentration of capsaicin and other components that are contained. Without knowing what is exactly in these compounded creams, it cannot be recommended for authorization. Recommendation is for denial.

THERAFLEX CREAM 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with continued bilateral knee pain. The treater is requesting Theraflex cream. Theraflex contains methyl salicylate, copper/zinc/manganese amino acid complex, and Final Determination Letter for IMR Case Number [REDACTED] other proprietary herbal blends. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Topical NSAIDs, salicylate in this case, are only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic knee pain. Recommendation is for denial.

DYOTIN SR 250MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 18-19.

Decision rationale: This patient presents with continued bilateral knee pain. The treater is requesting Dyotin SR 250mg #120. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, as physical examination documents, the patient does not present with any neuropathic pain. This medication is not indicated for this patient's chronic knee pain. Recommendation is for denial.

