MAXIMUS Federal Services

Case Number:	CM13-0069315		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2011
Decision Date:	04/01/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 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 42-year-old injured worker who reported an injury on 05/27/2011. The mechanism of injury was not specifically stated. The patient is diagnosed as status post right L5 hemilaminectomy, type 2 SLAP tear of the superior labrum of the left shoulder, and status post left shoulder arthroscopy. The patient was seen by [redacted] on 11/04/2013. The patient reported ongoing pain to the cervical spine, lumbar spine, bilateral shoulders, and bilateral lower extremities. Physical examination revealed limited range of motion of the cervical and lumbar spine with tenderness to palpation and hypertonicity. The patient also demonstrated limited right shoulder range of motion with positive Neer and Hawkins testing. Treatment recommendations included continuation of current medications including Biotherm topical cream, Restoril, and Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continued to report persistent pain over multiple areas of the body. The patient's physical examination continues to reveal limited range of motion, tenderness to palpation, hypertonicity, positive Kemp's testing, and positive Neer and Hawkins testing. The request for Bio-Therm (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 4 oz is not medically necessary and appropriate

Gabapentin: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state anti-epileptic drugs are recommended for neuropathic pain. 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. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. Gabapentin was listed on the patient's medication profile in 10/2013. However, it was not listed on the patient's current medication profile as of 11/04/2013. There was no documentation of significant functional improvement following the initiation of this medication. The request for Gabapentin is not medically necessary and appropriate.