

Case Number:	CM13-0069865		
Date Assigned:	01/03/2014	Date of Injury:	02/22/2012
Decision Date:	06/19/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Medicine 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 30 year old male who was injured on 2/22/2012. The diagnoses listed are right shoulder impingement syndrome and chronic right shoulder pain. The past surgery history is significant for right shoulder surgeries in 2012 and 2013. There is a coexisting history of diabetes mellitus. On 11/25/2013, [REDACTED] documented subjective complaints of right shoulder pain with decreased range of motion. The clinical examination findings showed a healed incision scar and decreased range of motion of the right shoulder. The patient had completed physical therapy and is unable to return to normal work schedule. The medications listed are Hydrocodone and diclofenac for pain, Cyclobenzaprine for muscle spasm and Pantoprazole for prevention of NSAID associated gastritis. The topical medications are Biotherm lotion and Theraflex for pain. A Utilization Review determination was rendered on 12/5/2013 recommending non certification for compound Theraflex 180mg 20%/10%/4% apply 3-4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND:THERAFLEX 180 MG 20%/10%/4% APPLY 3-4 TIMES DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113. Non-MTUS Citation: Drugs.com.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The guideline does not recommend topical compound preparations that contains products that are not supported by FDA or evidence based medical guidelines. Theraflex 180mg 20%/10%/4% contains natural products listed as a blend of herbs and minerals. According to Drugs.com, the exact list of ingredients varies with manufacturer. In this case, the medical record did not indicate details of the compound preparation. The patient is also utilizing another topical product Bioterm lotion. The efficacy of Theraflex have not been established. Therefore, the request for compound Theraflex 180mg 20%/10%/4%, is not medically necessary and appropriate.