

Case Number:	CM13-0070824		
Date Assigned:	01/08/2014	Date of Injury:	04/25/2011
Decision Date:	05/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 underlying date of injury in this case is 04/25/2011. The patient's diagnoses include status post left anterior cruciate ligament revision chondroplasty with persistent patellofemoral pain, lumbar radiculopathy, bilateral lower extremity radiculopathy, and a right hip musculoligamentous strain. On 11/27/2013, the primary treating physician submitted a follow-up note. The patient reported a constant dull ache over his knee with a burning sensation and anterior tenderness. Plain films showed no increase in osteoarthritis and showed a healing bone graft. A request was made for revision anterior cruciate ligament reconstruction. The patient was prescribed Dyotin SR 250 mg capsules as well as Theraflex Cream and Bio-Therm Pain Relieving Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BIO-THERM LOTION 120MG 4OZ: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule, section on topical analgesics, page 111, note that topical analgesics are largely experimental in nature and that a specific rationale should be provided to support the need for a topical medication. This medication contains Methyl Salicylates, Menthol, and Capsaicin. The guidelines do contain some support for topical salicylates; however, Capsaicin is supported only in very specific situations when other treatment options have failed and not as a first-line treatment. The medical records do not provide a rationale for Bio-Therm Lotion at this time. This request is not medically necessary.

1 PRESCRIPTION OF THERAFLEX 20/10/4% CREAM 180MG: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that topical analgesics are largely experimental and such topical agents should be used only if there is a specific proposed rationale and mechanism of action documented. The component ingredient, Flurbiprofen, as a nonsteroidal anti-inflammatory, is supported by the guidelines only for short-duration use but not for chronic use. Most notably, the component ingredient, Cyclobenzaprine, is a muscle relaxant which is specifically not supported by this guideline for topical use. Overall, Theraflex is not supported by the guidelines. This request is not medically necessary.

1 PRESCRIPTION OF DYOTIN SR 250MG #120: Upheld

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

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

Decision rationale: Dyotin is a formulation of Gabapentin, an antiepileptic medication. The California Medical Treatment Utilization Schedule, section on antiepileptic medications, page 16, states that epileptic drugs are recommended for neuropathic pain. The medical records do not clearly support the presence of a neuropathic pain diagnosis in this case. Moreover, Dyotin is not an FDA-labeled formulation of Gabapentin, and the records do not provide a rationale as to why this non-labeled formulation would be indicated rather than an FDA-labeled formulation. Overall, the medical records and guidelines do not support this request. This request is not medically necessary.