

Case Number:	CM13-0070881		
Date Assigned:	01/08/2014	Date of Injury:	04/03/1997
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
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 Family Practice, has a subspecialty in Preventative Medicine 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:

54-year-old male claimant sustained a work-related injury on April 3, 1997 that resulted in chronic lower extremity pain. Prior x-rays of his left knee had revealed advanced osteoarthritis. Yet received Cortizone injections in the past as well as topical analgesics. He also had a prior history of increasing left knee pain with grinding and catching. Examination report by his orthopedic physician on October 24, 2013 indicated objective findings of global tenderness about the left knee. Authorization was requested for hyalgan injections. Due to continued pain, on 12/5/13 an order was placed for biotherm, theraflex and dyotion

IMR ISSUES, DECISIONS AND RATIONALES

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

Med File +Bio Therm 120mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: There are no safety profiles or information regarding Biotherm. It is often use as a placebo topical lotion in clinical trials. It is not on the indicated lists of topical medications according to the MTUS. In addition the MTUS guidelines state that any

compounded medication that contains a medication that is not indicated is not indicated. The Biotherm is not medically necessary

Theraflex 180mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: TheraFlex RX[®] is a unique - physiologically active- synergistic complex of amino acids/minerals/botanicals. It is not on the approved list of topical medications under the MTUS guidelines. In addition the MTUS guidelines state that any compounded medication that contains a medication that is not indicated is not indicated. The Theraflex is not medically necessary

Dyotion 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Dyotion is not on the approved list of medications in the MTUS guidelines. In addition, it is noted to be used for neuropathic pain. The claimant does not have neuropathic symptoms. As a result, Dyotion is not medically necessary