

Case Number:	CM13-0071025		
Date Assigned:	01/08/2014	Date of Injury:	09/21/2005
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for bilateral knee osteoarthritis associated with an industrial injury date of September 21, 2005. The treatment to date has included oral analgesics, muscle relaxants and intra-articular steroid injection. The medical records from 2013 were reviewed and showed right lateral knee pain. Physical examination showed tenderness over the right medial knee and an antalgic gait. The x-rays revealed no calcification of soft tissues. The utilization review dated December 10, 2013 denied the requests for Biotherm 120mg and Theraflex 180 mg because the guidelines state that topical medications have not been adequately proven with regards to overall efficacy and safety. The request for Dyotion 250mg was denied due to no current radicular findings on examination

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM 120MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Page(s): 28-29,111-113.

Decision rationale: BioTherm is a 0.002% Capsaicin formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Page 28-29 states that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, the patient complains of right lateral knee pain and was diagnosed with bilateral knee osteoarthritis. However, it is unclear whether the patient has failed oral medications or was intolerant to them. Topical analgesics are generally not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Bio-therm 120mg is not medically necessary.

THERAFLEX 180MG: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Theraflex cream contains Flurbiprofen and Cyclobenzaprine. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In this case, the noted compound medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Theraflex 180 mg is not medically necessary.

DYOTION 250MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-22.

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. Page 18 states that gabapentin has been considered as a first-line treatment for neuropathic pain. In this case, the patient complains of right lateral knee pain and was diagnosed to have bilateral knee osteoarthritis. However, there

were no subjective complaints or objective findings that support the claim for neuropathic pain. The guidelines do not recommend gabapentin for osteoarthritis. There is no discussion concerning the need for variance from the guidelines. Furthermore, the request did not specify the amount of medication to be dispensed. Therefore, the request for Dyotion 250 mg is not medically necessary.