

<b>Case Number:</b>	CM13-0071091		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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:

Patient is an employee of [REDACTED] who has submitted a claim for neck and right shoulder pain associated with an industrial injury date of April 21, 2009. Treatment to date has included, epidural injections, EMG and physical therapy sessions. Medications taken include, Tylenol, Celebrex, Cyclobenzaparine which were prescribed since 2009, Dyotin SR 250mg, Theraflex cream 180mg and Bio-therm pain relieving lotion four ounces, which were prescribed since at least 2013. Medical records from 2010-2013 were reviewed which showed consistent complaints of neck pain and stiffness, which remains primarily localized to the posterior aspect of the neck. She complains of some arm pain with numbness and tingling in all five fingers of the right hand and weakness of the arm. Her right shoulder is still painful which is exacerbated by overhead activities. Physical examination of the cervical spine showed tenderness present along the trapezius muscle bilaterally. No associated spasm, thickening or nodularity noted. Neurogenic compression tests are positive on the right, vascular compression tests are negative, Hoffman's sign is absent. Right shoulder examination showed no swelling, atrophy, asymmetry or ecchymosis present. There is marked pain elicited to palpation over the anterior aspect of the shoulder. Mild spasm was noted on the right shoulder girdle musculature. Manual muscle tests in all extremities were 5/5. Deep tendon reflexes were all +2. Apprehension sign, Glenohumeral joint stability, Humeral Relocation test, Drop Arm Test, Yergason's test, Hoffman Sign, Vasomotor Sign were all negative. Impingement tests I and II were positive. X-rays of the cervical spine showed loss of cervical lordosis as well as degenerative disc disease at the C5-C6 level. X-rays of the right shoulder and humerus show acromial spurring. Utilization review from December 2, 2013 denied the requests for Dyotin SR 250mg (120), Theraflex cream 180mg and Bio-therm pain relieving lotion four ounces, because claimant has no documentation that she had increased functionality with the use of pain medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **DYOTIN SR 250MG #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, 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. Dyotin SR is a brand name of Gabapentin. In this case, patient presents with neuropathic pain of the right upper extremity manifesting with numbness and tingling sensation, corroborated by positive provocative tests. There was no prior use of this medication. The medical necessity for Dyotin has been established based on the patient's presentation. The request for Dyotin SR 250 MG, 120 count, is not medically necessary or appropriate.

### **THERAFLEX CREAM 180MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topicals Section.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Theraflex Cream is composed of Flurbiprofen, a class of NSAID (non-steroidal anti-inflammatory drug); Cyclobenzaprine, a tricyclic-antidepressant; and menthol. The Chronic Pain Medical Treatment Guidelines does not recommend flurbiprofen and cyclobenzaprine as topical agents. Regarding the Menthol component, The Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient was prescribed with Theraflex cream, however, the guidelines do not support any compounded product that contains at least 1 drug that is not recommended. There is no discussion regarding the need for variance from the guidelines.

### **BIO-THERM PAIN RELIEVING 4OZ:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topicals Section.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Bio-therm pain relieving lotion is composed of Capsaicin. It is recommended only as an option in patients who have not responded or intolerant to other treatments. Furthermore, the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the medical records did not indicate if the claimant has tried and failed a trial of anti depressants or anticonvulsants prior to the request of the compounded medication. There is no discussion regarding the need for variance from the guidelines. The request for Bio-Therm pain relieving cream, 4 ounces, is not medically necessary or appropriate.