

Case Number:	CM14-0002787		
Date Assigned:	01/31/2014	Date of Injury:	02/25/2008
Decision Date:	08/28/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of February 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; earlier shoulder surgery; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 24, 2013, the claims administrator denied a request for Dyotin (Gabapentin) on the grounds that the applicant did not have bona fide neuropathic pain for which Gabapentin was indicated, denied a topical Theraflex cream, and denied Biotherm pain relieving lotion. The applicant's attorney subsequently appealed. In a progress note dated December 12, 2013, the applicant presented with persistent complaints of left and right shoulder pain, 4/10. The applicant was given a primary diagnosis of shoulder impingement syndrome. Norco, Flexeril, Voltaren, Protonix, Dyotin (Gabapentin), Theraflex topical compounded cream, and a Biotherm pain relieving cream were all endorsed. The applicant also received a shoulder corticosteroid injection in the clinic setting. It did not appear that the applicant was working with limitations in place, although this was not clearly stated. It was likewise not clearly stated whether the medications in question represented first-time medications or renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN SR 250MG X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, pages 49, Gabapentin topic. Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Guidelines, Gabapentin is considered a first-line treatment for neuropathic pain. In this case, however, the information on file suggested that the applicant carries a primary diagnosis of shoulder impingement syndrome. This is generally not considered a diagnosis suggestive of neuropathic pain. It is further noted that the attending provider did not state whether or not the request in question represented a first-time request or a renewal request. No rationale for selection and/or ongoing usage of Dyotin (Gabapentin) is offered. Therefore, the request is not medically necessary.

THERAFLEX CREAM 180MG X3: 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 Chronic Medical Treatment Guidelines, pages 111-113, Topical Analgesics topic. Page(s): 111-113.

Decision rationale: One of the ingredients in the cream is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the cream is not recommended, the entire cream is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.

BIO-THERM 120MG PAIN RELIEVING LOTION 4OZ BOTTLE X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 111, Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Neurontin, Voltaren, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems largely experimental topical agents such as the Biotherm lotion in question. Therefore, the request is not medically necessary.