

<b>Case Number:</b>	CM14-0004107		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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:

Injured worker is a male with date of injury May 11, 2011. Per primary treating physician's progress report, the injured worker states he has pain and stiffness occurring in his lumbar spine. He also claims to be getting more spasms happening in his lumbar spine and feeling worse since going back to work. On exam he has tenderness with decrease in motion, decrease in strength and decrease in sensation in his lumbar spine. X-rays of the lumbar spine and thoracic spine were taken, showing disc herniation at the L5-S1. Diagnosis is lumbosacral disc herniation L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DYOTIN SR 250MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Section Page(s): 16-19.

**Decision rationale:** Dyotin SR contains gabapentin. According to the Chronic Pain Medical Treatment Guidelines, gabapentin is recommended as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral

neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. This injured worker has stiffness and pain occurring in his lower back with all of his positive symptoms and exam findings located in his lower back. There is no indication that that he is experiencing neuropathic pain that may benefit from the use of gabapentin. The request for Dyotin SR 250 mg, sixty 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section, Topical Analgesics Section Page(s): 104, 111-113.

**Decision rationale:** According to the manufacturer's information, Theraflex contains methyl salicylate, copper amino acid complex, zinc amino acid complex, manganese amino acid complex, MSM, lysine-aspartate, aloe vera, DPG, proprietary herbal blend, and other ingredients. Topical analgesics are recommended by the guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Salicylate topicals are recommended by the guidelines, as it is significantly better than placebo in chronic pain. The remaining ingredients do not have any significant support by the Chronic Pain Medical Treatment Guidelines, other national guidelines, or medical literature. The request for Theraflex cream 180 mg is not medically necessary or appropriate.

**BIO THERM PAIN RELIEVING LOTION 4 OZ:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 113

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

**Decision rationale:** Biotherm pain relieving lotion is a topical analgesic that contains capsaicin as an active ingredient. Topical capsaicin is recommended by the Chronic Pain Medical Treatment Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical analgesics are recommended by the Chronic Pain Medical Treatment Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. For this request, topical lidocaine is not indicated for use with this injured worker. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and

anticonvulsants. The request for Biotherm pain relieving lotion 4 oz is not medically necessary or appropriate.