

<b>Case Number:</b>	CM14-0004913		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who reported a right shoulder injury from a fall on 07/20/2009. Within the clinical note dated 12/04/2013, the injured worker reported the cortisone injection she received relieved her pain for three (3) weeks, then her pain returned and her pain rated 4/10. The physical exam reported pain and tenderness in the right shoulder. The injured worker has diagnoses of abdominal pain, acid reflux, diabetes, hypertension and sleep disorder. The request for authorization was not provided within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-THERM PAIN RELIEVING LOTION 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICAL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines indicate that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended

is not recommended. 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. There was a lack of documentation that indicated that the injured worker failed conventional therapy, which contraindicates the guidelines. Hence, the request is non-certified.

**THERAFLEX 20%/10%/4% TRANSDERMAL CREAM; 180GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 3, INITIAL APPROACH TO TREATMENT, ORAL PHARMACEUTICALS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The active ingredients of Theraflex is cyclobenzaprine, flurbiprofen, and menthol. The Chronic Pain Guidelines indicate that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for the relief of osteoarthritis pain in joints, such as ankle, elbow, foot, hand, knee, and wrist, which lend themselves to topical treatment. It has not been evaluated for the treatment of the spine, hip or shoulder. In addition, Theraflex contains muscle relaxants and there is no evidence for the use of any other muscle relaxant as a topical product. Lastly, since the indicated prescription is to be applied to the shoulder, it is contraindicated by the guideline. Thus the request is non-certified.

**DYOTIN 250MG EXTENDED-RELEASE (ER) #120, TWO (2) CAPSULES EVERY DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs). Decision based on Non-MTUS Citation [HTTP://SHORELINERX.COM/PATIENT INFORMATION.HTML](http://shorelinerx.com/patient-information.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 18.

**Decision rationale:** Dyotin is a form of gabapentin. The Chronic Pain Guidelines indicate that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, the injured worker's physical exam indicates that the pain has not been fully documented and is unclear if gabapentin would be indicated for the cause of the pain. As such, the request is non-certified.