

<b>Case Number:</b>	CM14-0005059		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of June 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; topical compounds; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of October 9, 2013, the claims administrator denied a request for several topical compounds and oral Dyotin. The claims administrator did not, however, incorporate cited guidelines into its rationale. In a February 21, 2013 progress note, the applicant presented with persistent complaints of shoulder pain 5/10. The applicant was given prescriptions for Norco, Flexeril, Voltaren, and Protonix. The applicant was placed off of work, on total temporary disability. The attending provider endorsed a shoulder arthroscopy procedure. The applicant was apparently made permanent and stationary on progress note of May 21, 2014. The applicant was described as having persistent complaints of low back and shoulder pain. The applicant was given a rather proscriptive 10-pound lifting limitation and a 22% whole person impairment rating. It did not appear that the applicant was working with said limitation in place. There was no discussion of medication efficacy incorporated into this note. On January 15, 2014, the applicant was again described as having persistent complaints of low back and leg pain. Norco, Flexeril, Voltaren, and Protonix were endorsed. The applicant had undergone a functional capacity evaluation. A rather proscriptive 20-pound lifting limitation was endorsed. The applicant reported 8/10 pain, burning. There was no mention of either of the medications at issue in this note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFLEX 180GM 20 PERCENT/10 PERCENT/4 PERCENT APPLY 3-4 TIMES DAILY: Upheld**

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

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

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

**DYOTIN 250MG SR CAPSULES 2 CAPSULES BID #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain or function achieved as a result of the same. In this case, however, the attending provider has not established the presence of any concrete improvements in pain or function achieved as a result of ongoing gabapentin usage. The attending provider has not, furthermore, included the applicant's medication list on several office visits, referenced above. Ongoing usage of gabapentin does not appear to have ameliorated the applicant's work status. If anything, it appears that the applicant's work restrictions are becoming more proscriptive from visit to visit. The applicant does not appear to have returned to work. The applicant remains highly reliant on various opioid medications, including Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Dyotin (gabapentin). Therefore, the request is not medically necessary.