

Case Number:	CM14-0005518		
Date Assigned:	02/05/2014	Date of Injury:	09/18/2012
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/15/2014

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 claimant states he sustained a work injury on 9/18/12, when he sat down and missed the bench. He has had chronic neck and shoulder pain since that time. He has post-concussion syndrome and headache. He requesting review of the denial of Theraflex cream and Dyotin capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX 180 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Analgesics, Page(s): 105..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol, flurbiprofen and cyclobenzaprine are not recommended as topical agents, and hence cannot be approved in a compounded one. The request is not medically necessary.

DYOTIN 250 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs, Page(s): 18-19.

Decision rationale: Dyotin is gabapentin. Per MTUS guidelines, gabapentin is used in diabetic neuropathy and postherpetic neuralgia. It may be used on a trial basis for a few conditions like CRPS, spinal stenosis and fibromyalgia. It is not indicated for postconcussion syndrome, disc displacement without myelopathy, cervical and thoracic strain/sprain or rotator cuff syndrome. Therefore, the request is not medically necessary.