MAXIMUS Federal Services

Case Number:	CM14-0016137		
Date Assigned:	06/04/2014	Date of Injury:	02/02/2010
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 General 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 claimant is 45-year-old female who was injured on 2/2/2010. The mechanism of injury is slip from oil and fell. She injured her right hand, elbow, shoulder, spine, knee and foot. The diagnoses include right carpal tunnel syndrome, De Quervain's tenosynovitis, right shoulder impingement, right cubital tunnel syndrome along with cervical spine strain and right knee strain. The claimant is status post carpal tunnel release on right side, right knee arthroscopy along with C6-7 Cervical discectomy and fusion done in February 2010. MRI (magnetic resonance imaging) of right shoulder done in May 2012 did not suggest any tear. The provider believed it to be partial labral tear, injection of steroid was given intra-articular. Subsequently, shoulder arthroscopy was advised as the pain did not resolve after conservative treatment. On physical examination dated July 25, 2012, cervical spine was noted to have loss of normal curvature. Upper extremity examination revealed diminished sensation over ulnar and median nerve region with two point discrimination of 4mm. Examination of lumbar spine revealed guarding in the paraspinal region. The claimant was status post knee arthroscopy, and had an antalgic gait and uses a walker. The lumbar MRI scan done on 2/02/14 showed L2-L3, disk desiccation with moderate to severe disk narrowing and anterior end plate changes with a 3 mm posterior disk/osteophyte complex. This caused a mild to moderate thecal sac narrowing. The bilateral neural foramina are normal at all levels. The prior utilization review regarding decision for use of Dyotin 250/10 mg # 60,and other medication was denied. Hence, the current request for IMR for Dyotin 250/10 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN 250/10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compounded drug, co-pack drugs, and US National Institute of Health (NIH), National Library of Medicine (NLM) Pubmed, 2013, http:wwww.ncbi.nlm.nih.gov/pubmed/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs and Gabapentin (neurontin) Page(s): 16-22 and 49.

Decision rationale: Dyotin is a compound medicine which contain gabapentin. As per the CA MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anticonvulsants), which 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. The claimant is non-diabetic, recent MRI (magnetic resonance imaging) study does not reveal any nerve root compression also there is no evidence of post-herpetic neuralgia. Furthermore, the MTUS indicate that any drug or compound which contains more than one drug with other compounded drug which is not recommended cannot be medically recommended. Hence, the use of Dyotin 250/10mg is not medically necessary and appropriate.

THERAFLEX TRANSDERMAL CREAM 20%/10%/4% 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation US National Institute of Health (NIH), National Library of Medicine (NLM) Pubmed, 2013, http:wwww.ncbi.nlm.nih.gov/pubmed/.

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

Decision rationale: TheraFlex Transdermal cream contains a "unique, proprietary, organically complex formulation that effectively acts as an inducer and activator of the key anti-inflammatory enzyme, superoxide dismutase, and key tissue healing enzyme, lysyl oxidase." TheraFlex RX contains a counterirritant of the salicylate family. The guidelines a rational basis for the use of this agent is not apparent when it is directly related to salicylates and it may contain other compounds with potential adverse effects. It is also more expensive than most generic non-steroidal anti-inflammatory drugs (NSAIDs). If salicylates are to be used as treatment, generic aspirin is preferable to willow bark or salicin. Furthermore any drug or compound which contains more than one drug with other compounded drug which is not recommended cannot be medically recommended. Hence, the use of Theraflex transdermal cream 20%/10%/4% 180mg is not medically necessary and appropriate.

KERATEK GEL 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation US National Institute of Health (NIH), National Library of Medicine (NLM) Pubmed, 2013, http:wwww.ncbi.nlm.nih.gov/pubmed/.

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

Decision rationale: Keratek gel 4oz contains methyl salicylate as analgesic and counterirritant and menthol which is analgesic and counter irritant .useful in neuropathic pain. Keratek can be applied locally with few side effects. The MTUS indicate that any drug or compound which contains more than one drug with other compounded drug which is not recommended cannot be medically recommended. Hence, the use of keratek gel 4oz is not medically necessary and appropriate.