

Case Number:	CM14-0030326		
Date Assigned:	06/20/2014	Date of Injury:	09/16/2009
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on 9/16/2009. The mechanism of injury is noted as a fall. The most recent progress note, dated 10/28/2013 indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated bilateral shoulders to have mild tenderness to palpation over the anterior aspects of the shoulders, right greater than left, positive diffuse tenderness, muscle strength primarily 5/5 bilateral, and deep tendon reflexes 2+ bilaterally. Diagnostic imaging studies include x-rays bilateral shoulders and humerus review no progression of degenerative changes. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for Dyotin SR 250 mg #60, Theraflex cream 180 gm - Flurbiprofen powder 20%, Cyclobenzaprine HCL powder 10%, Menthol Crystals 4%, Pentravan Plus Cream Base Biotherm Pain Relieving Lotion 4 oz- Methyl Salicylate, Menthol, Capsaicin, and was not certified in the pre-authorization process on 2/24/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on physical exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

Therflex cream 180gm - Flurbiprofen powder 20%, Cyclobenzaprine HCL powder 10%, Menthol Crystals 4%, Pentravan Plus Cream Base.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Thera-flex is a topical preparation containing Methyl salicylate, copper, zinc, and manganese amino acid complexes, methylsulfonylmethane, Lysine-aspartate, aloe vera, DPG (licorice extract), and an herbal blend of arnica, turmeric, ginger, Boswellin, Angelica. This has an indication for osteoarthritis. However, the diagnoses is noted to be status post rotator cuff repair. As such, there is no clinical indication for this preparation to address the noted pathology. As such this request is deemed not medically necessary.

Biotherm Pain Relieving Lotion 4oz- Methyl Salicylate, Menthol, Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Bio-therm is an over-the-counter preparation (noted in their advertising to be a luxury skincare product) and this product is primarily methyl salicylate (e.g. BenGay) and has an indication. The issue here is that the pain complaints continued to be the same, there are no noted improvements, therefore there is no demonstrated efficacy or utility of this preparation. As such, there is no discussion as to the specific therapeutic goal there is no clinical indication presented to support the continued use of this preparation. As such the continued use of this medication is deemed not medically necessary.