MAXIMUS Federal Services

Case Number:	CM14-0063893		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2008
Decision Date:	09/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 73 year old male who was injured on 3/20/2008. The diagnoses are bilateral shoulder pain, post laminectomy fusion cervical spine syndrome, neck pain and headache. The CT and the MRI report showed stable degenerative changes and hardware. The medications are Norco and Dyotin for pain and Soma for muscle spasm. The patient is also utilizing several compound topical preparations for pain relief. On 3/21/2014, [redacted] / [redacted] noted subjective complaints of neck pain, neck stiffness, decreased range of motion and tenderness of neck muscle on palpation. A Neurological Consultation for the headache is pending. A Utilization Review determination was rendered on 4/7/2014 recommending non certification for Dyotin 250mg #60, Flurbitac 100/100mg #60, Theraflex cream 120mg and Keratek gel 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin 250mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Page(s): 16-22, 112.

Decision rationale: The CA MTUS addressed the use of anticonvulsants and medications for the treatment of chronic pain. Gabapentin is indicated as first-line medication for neuropathic pain but may also be beneficial for non-neuropathic pain. The use of gabapentin can lead to significant improvement in pain associated symptoms such as mood and sleep disorder. Dyotin is a sustained preparation containing gabapentin and methocel. The record did not indicate that a special indication for sustained release preparation of gabapentin. There was no documentation of adverse effects or non-compliance with regular formulation of gabapentin. The criteria for the use of Dyotin were not met.

Flurbitac 100/100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesics can be beneficial when first line anticonvulsant and antidepressant medications cannot be tolerated or ineffective. The record indicates that the patient is utilizing a gabapentin preparation. The Flurbitac preparation contains Flurbiprofen, an NSAID. There is no documentation that the patient cannot tolerate oral NSAID. The criteria for the use of Flurbitac 100/100mg #60 were not met.

Theraflex cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesics can be beneficial when first line anticonvulsant and antidepressant medications cannot be tolerated or ineffective. The record indicates that the patient is utilizing a gabapentin preparation. The Theraflex preparation contains Flurbiprofen 20%,Cyclobenzaprine 20% and menthol crystals 4%. There is no documentation that the patient cannot tolerate oral NSAID or oral cyclobenzaprine. The criteria for the use of Theraflex cream 120gm was not met.

Keratek gel 4oz bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-71, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesics can be beneficial when first line anticonvulsant and antidepressant medications cannot be tolerated or ineffective. The record indicate that the patient is utilizing a gabapentin preparation. The Kera-Tek gel preparation contains menthol 16% and methyl salicylate 28%. There is no evidence based guideline recommendation regarding the topical application of menthol and methyl salicylate for the treatment of chronic pain. The criteria for the use of Kera-Tek gel 4 oz was not met.