

<b>Case Number:</b>	CM14-0065458		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 injured worker is a 46 year old female injured on 01/14/13 when the chair she was attempting to sit in rolled away, she fell onto the ground hitting her buttocks. While attempting to get up, she held onto the same chair, the chair rolled away and once again she fell onto the floor a second time twisting her right knee and right ankle. The injured worker experienced immediate neck pain, low back pain, right ankle pain, and right knee pain. The injured worker was diagnosed with bilateral knee pain, bilateral ankle/foot pain, neck pain, and low back pain. Clinical note dated 05/23/14 indicates the injured worker presented complaining of cervical spine pain, lumbar spine pain, and bilateral knee pain. Physical examination of the cervical spine revealed mild midline spinous, paraspinous, and trapezial tenderness, with no parascapular tenderness, mild restricted range of motion, and no other significant findings noted. Prior documentation indicated the injured worker complained of marked bilateral knee pain and stiffness with instability, grinding, catching, and locking. X-rays of the right knee and tibia showed severe tricompartmental osteoarthritis with complete loss of medial joint space bilaterally. It was noted the injured worker was an excellent candidate for total right knee arthroplasty and request for authorization was submitted. The initial request for Dyotin (Gabapentin) 250/10mg #60, Flurbitalc (Flurbiprofen) 100/100mg #60, Theraflex transdermal cream 20%/10%/4% (Menthol and Methyl salicylate), and Keratek (Menthol and Methyl salicylate) was initially non-certified on 04/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyotin (Gabapentin) 250/10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Dyotin (Gabapentin) 250/10mg #60 cannot be recommended as medically necessary.

**Flurbitac (Flurbiprofen) 100/100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, flurbiprofen is recommended for the treatment of osteoarthritis. There is no indication in the documentation the injured worker has been diagnosed or is being treated for osteoarthritis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Flurbitac (Flurbiprofen) 100/100mg #60 cannot be established as medically necessary.

**Theraflex Transdermal Cream 20%/10%/4% (Menthol & Methylsalicylate): 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 Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Theraflex Transdermal Cream 20%/10%/4% (Menthol & Methylsalicylate) cannot be recommended as medically necessary.

**Kerateck (Menthol & Methylsalicylate): 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 Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. Further, the use of this medication in conjunction with the previously requested medication would result in a redundancy in medication administration. As such, the request for Theraflex Transdermal Cream 20%/10%/4% (Menthol & Methylsalicylate) cannot be recommended as medically necessary.