

<b>Case Number:</b>	CM15-0017619		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/19/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old male, who sustained an industrial injury on 11/19/2005. The current diagnoses are lumbosacral neuritis, status post lumbar fusion, and knee pain. Currently, the injured worker complains of low back pain. The treating physician is requesting retrospective Dyotin 250mg #120 (DOS 5/10/2013), Theraflex 180mg (DOS 5/10/2013), Bio-therm 120gm (DOS 5/10/2013), Theraflex cream 180gm (DOS 7/11/13), and Biotherm lotion 120gm (DOS 7/11/13), which is now under review. On 1/5/2015, Utilization Review had non-certified a request for retrospective Dyotin 250mg #120 (DOS 5/10/2013), Theraflex 180mg (DOS 5/10/2013), Bio-therm 120gm (DOS 5/10/2013), Theraflex cream 180gm (DOS 7/11/13), and Biotherm lotion 120gm (DOS 7/11/13). The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Dyotin 250mg #120 (DOS 5/10/13): 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 Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for RETRO DYOTIN 250MG #120 DOS 5/10/13. Utilization review denied the request stating anti-epilepsy drugs are recommended for neuropathic pain, but the records are over 60 days from the date the medication was given and "it is not possible to determine the claimant's condition at the time of retrospective date of service." Dyotin contains gabapentin and other proprietary ingredients. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, the patient has a diagnosis of lumbar neuritis but recommendation for this medication cannot be made as it is unclear what "other proprietary ingredients" consist of. Furthermore, there is no discussion as to why this medication is being prescribed, how long it has been prescribed for and with what efficacy. This request IS NOT medically necessary.

**Retro Theraflex 180mg DOS 5/10/13:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for RETRO THERAFLEX 180MG DOS 5/10/13. Theraflex transdermal cream contains Flurbiprofen, cyclobenzaprine and menthol. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from chronic back pain. Furthermore, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. This request IS NOT medically necessary.

**Retro Bio-therm 120gm DOS 5/10/13:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for RETRO BIO THERM 120 MG DOS 5/10/13. Bio Therm is (METHY SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) The MTUS guidelines support topical NSAIDS and states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient continues with non-specific low back pain with some neuropathic pain. Given the patient's continued symptoms are not documented as peripheral joint pain or tendinitis, the use of topical NSAIDs are not indicated. This request IS NOT medically necessary.

**Retro Theraflex cream 180gm DOS 7/11/13: Upheld**

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

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for RETRO THERAFLEX CREAM 180MG DOS 7/11/13. Theraflex transdermal cream contains Flurbiprofen, cyclobenzaprine and menthol. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from chronic back pain. Futhermore, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. This request IS NOT medically necessary.

**Retro Biotherm lotion 120gm DOS 7/11/13: Upheld**

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

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for RETRO BIO THERM 120 MG DOS 5/10/13. Bio Therm is (METHY SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) The MTUS guidelines support topical NSAIDS and states, "These medications may be useful for chronic musculoskeletal pain, but there are no

long-term studies of their effectiveness or safety. (Mason, 2004) Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient continues with non-specific low back pain with some neuropathic pain. Given the patient's continued symptoms are not documented as peripheral joint pain or tendinitis, the use of topical NSAIDs are not indicated. This request IS NOT medically necessary.