

Case Number:	CM13-0034632		
Date Assigned:	12/11/2013	Date of Injury:	05/26/2004
Decision Date:	05/11/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who reported injury on 05/26/2004. The mechanism of injury was the injured worker was chasing a suspect when she fell sustaining a twisting injury of her low back and left hip. The injured worker underwent a total left hip arthroplasty in 2005. She underwent a fusion in her low back in 2010. The documentation of 09/18/2013 revealed the injured worker's pain was a 6. The injured worker was noted to have worsening pain and tenderness of the lumbar spine. X-rays were taken of the left hip and pelvis showing no loosening of the acetabulum. The treatment plan included an orthopedic surgeon due to the findings of a CT scan of the left hip, Dyotin SR 250 mg capsules #120, Theraflex cream 180 mg, and Biotherm pain relieving lotion. Additionally, the request was made for a urine drug screen and the injured worker as dispensed hydrocodone/APAP 10/325 mg #60 for pain relief, cyclobenzaprine 7.5 mg #60 for muscle relaxant and to relieve spasms, diclofenac sodium ER 100 mg #60 for inflammation and swelling and pantoprazole sodium ER 20 mg to prevent gastritis and heartburn. Diagnoses included pain in joint. There was a Request for Authorization submitted for review dated 09/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm (Capsaicin 0.002%) 120gm/4 Oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Topical Capsaicin Page(s): 111, 28.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation that the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation that the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request for Biotherm (Capsaicin 0.002%) 120 gm/4 oz is not medically necessary.

Theraflex Cream 180gm 20%/10%/4%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen. Topical analgesics page. Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of anti-convulsants and antidepressants. The injured worker was prescribed a form of gabapentin, which was concurrently being reviewed. As such, there was no failure documented. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, there was a lack of documentation indicating a necessity for both a topical and oral form of cyclobenzaprine and NSAIDs. The request as submitted failed to

indicate the body part and the frequency to be treated. Given the above, the request for Theraflex cream 180 gm 20% / 10 % / 4% is not medically necessary.

Dyotin 250mg SR Capsules #120, 2 Capsules Twice Daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation the injured worker had neuropathic pain. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for DYOTIN 250MG SR CAPSULES #120, 2 CAPSULES TWICE DAILY is not medically necessary.