

Case Number:	CM13-0013835		
Date Assigned:	09/20/2013	Date of Injury:	05/19/2010
Decision Date:	03/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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:

This is a 5'10", 177 lbs (from 8/2/13), 52 year-old female officer with the [REDACTED], with a 5/19/2010 industrial injury claim. According to the 8/2/13 report, she has been diagnosed with: cervical disc degeneration and herniation; lumbar disc herniation and degeneration; neuropathic pain; and tension headaches. The Independent Medical Review (IMR) application shows a dispute with the 8/14/13 Utilization Review (UR) decision. The 8/14/13 UR letter is from [REDACTED] and is based on the 8/2/13 medical report from [REDACTED], and recommends non-certification of Voltaren; Cidaflex; Medrox patch; Prilosec; Serrapeptase; Skelaxin; Kava-kava; TGHot ointment; and injectable Imitrex. The 8/2/13 report from [REDACTED], notes that the patient self-pays for kava-kava and the symptoms improved. The pain levels were 7-8/10 without medications and dropping down to 3-4/10 with medications. [REDACTED] reports that the average over the last week was 3-4/10. The initial pain management evaluation by [REDACTED] was on 2/16/13, the patient's weight was 132 lbs at that time. The patient was noted to already be on Protonix for acid reflux and GI upset. [REDACTED] discontinued Flexeril and started Cidaflex 2 qam, 1q pm, for joint pain; Medrox patch to the affected area q12 hr for night time pain; and Serrapeptase 500mg bid for inflammation and pain. On the follow-up PR2 dated 3/4/13, [REDACTED] notes pain went from 7/10 to 5/10 with medications, but she had more intense burning pain on the left thigh to left foot. On 3/4/13, Skelaxin 800mg q8hr for spasm and Kava-Kava q8hr for neuropathic pain were started. On 3/19/13 the pain dropped from 7/10 without meds, to 3/10 with medications. She was fairly stable but on 5/24/13, [REDACTED] started TGHot ointment tid, but did not provide a rationale or description of what this ointment is composed of. On 6/21/13, the patients pain levels were in the 3-5/10 range, averaging 4/10 the past week, and she was not using the Serrapeptase and Kava-Kava as they were denied by the carrier. [REDACTED]

informed the patient that she could pay for these herself. There was no discussion or evidence of efficacy of TGHot ointment. On 7/12/13, the pain was 3/10 low back, 5/10 for the neck, she had a flare of neck pain from trying to plug in cords under a desk, but it was reported to have resolved on its own.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Cidaflex QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate Page(s): 50.

Decision rationale: MTUS states that glucosamine sulfate may be indicated for osteoarthritis of the knee. The reports do not document the patient having knee problems or osteoarthritis. Cidaflex is compound containing Glucosamine HCl 500mg and Chondroitin Sulfate 400mg. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cidaflex contains Glucosamine hydrochloride. MTUS states: "Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." MTUS does not appear to recommend the glucosamine hydrochloride. Therefore, the whole compound containing glucosamine hydrochloride is not recommended.

Continue Medrox patch QTY: 30.00: 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 Topical Analgesics Page(s): 111.

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and MTUS for capsaicin states " There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.

Continue Prilosec 20 mg QTY: 30.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient was reported to have acid reflux and GI issues. MTUS guidelines has recommendations for Prilosec, a PPI from dyspepsia from NSAIDs stating: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is reported to be using Voltaren. The use of Prilosec appears to be in accordance with MTUS guidelines.

Continue Serrapeptase (enzyme) 500 mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/vitamins-and-supplements/lifestyle-guide-11/supplement-faq>

Decision rationale: MTUS, ACOEM and ODG did not discuss Serrapeptase. A web search brings up the WebMD article stating it is classified as a dietary supplement. As such, the FDA has not approved this product for medical treatment of any condition. The WebMD article states there is insufficient evidence for use for back pain, tension headaches or other conditions. The use of Serrapeptase to treat inflammation and pain is not in accordance with the Food and Drug Administration (FDA)

Continue Skelaxin 800 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: The records show the patient was first prescribed Skelaxin on 3/4/13. MTUS for muscle relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." There is no acute exacerbation of low back pain, and it has been used for several months. This does not appear to be short-term treatment. The request for continued use of Skelaxin is not in accordance with MTUS guidelines.

Continue Kava-Kava QTY: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Consumer Advisory: Kava-Containing Dietary Supplements May be Associated With Severe Liver Injury.

Decision rationale: [REDACTED] first prescribed kava-kava on 3/4/13 for neuropathic pain. Kava-kava is a supplement and has not been FDA approved for medical treatment of any condition. The use of Kava-kava for treatment of neuropathic pain is not in accordance with the FDA.

TGHot ointment QTY: 1.00: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The medical records show that TGHot topical was first prescribed on 5/24/13. There was no rationale provided on that date. The patient did not have any increased or new symptoms at that time. There was no discussion as to what the TGHot medication is composed of, or where it was to be applied. The next office visit was on 6/21/13, and there is no change in the patient's presentation. There is no reporting of any benefits with TGHot in either subjective or objective findings that would suggest it is helping or providing functional improvement. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting for TGHot does not show treatment efficacy in accordance with MTUS. Without a description of what TGHot is composed of or what it was intended use was, it is unknown what section of the MTUS guidelines would be applied. I cannot confirm that the request for TGHot with unknown components is in accordance with MTUS guidelines.

Continue Imitrex Injectable 6 mg QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment in Workers' Comp 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter for Triptans.

Decision rationale: ODG guidelines states Imitrex is for migraine sufferers. All medical reports from [REDACTED] list the diagnosis as tension headaches. The use of Imitrex does not appear to be in accordance with ODG guidelines.