MAXIMUS Federal Services

Case Number:	CM13-0018277		
Date Assigned:	10/11/2013	Date of Injury:	02/17/2012
Decision Date:	01/24/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational 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 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic left shoulder pain and a rib fracture reportedly associated with an industrial motor vehicle accident of February 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a 34% whole-person impairment rating through medical-legal evaluation; a TENS unit; unspecified amounts of physical therapy over the life of the claim; work restrictions; and a prior shoulder surgery. It does not appear that the applicant has returned to work with permanent work restrictions in place. In a utilization review report of August 4, 2013, the claims administrator denied a request for topical Terocin and four TENS unit patches. The applicant's attorney later appealed. In a utilization review appeal letter of April 7, 2013, the attending provider's administrative assistant writes that topical Dendracin is preferred to chronic usage of oral antidepressants or anticonvulsants. It is stated that the applicant has chronic persistent pain for which a TENS unit has been employed. A service report of April 27, 2013, is notable for comments that the TENS unit has reduced the applicant's pain. A permanent and stationary report of May 16, 2013, is notable for comments that the applicant has undergone a nephrectomy and only has one remaining kidney. The claimant is also using another topical agent, Menthoderm, it is further noted on a June 13, 2013, progress note in which he is given permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dendracin 120ml: Upheld

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

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

Decision rationale: As noted by the National Library of Medicine, Dendracin is an amalgam of methyl salicylate, menthol, and capsaicin. One of the ingredients in the compound, specifically capsaicin, is, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, considered a last-line option, to be employed only in those individuals who are intolerant to and/or have failed other treatments. In this case, however, there is no evidence that the applicant is intolerant to and/or failed other treatments. He is described as using another topical medication, Menthoderm, with good effect, effectively obviating the need for the capsaicin-containing Dendracin compound. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Retrospective TENS patch (4 pairs): 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 TENS Page(s): 116.

Decision rationale: The claimant has had an earlier trial of a TENS unit in April 2013, as noted above. Criteria for continued usage of a TENS unit following completion of a 1-month trial include evidence of functional improvement effected through ongoing usage of the same. Functional improvement, per page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, can include evidence of pain relief, function, decreased medication usage, etc. In this case, however, there is no clear description of diminished medication usage and no clear evidence of reduction in pain scores or reduction in medication usage effected through the prior trial of a TENS unit. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review