

Case Number:	CM13-0019884		
Date Assigned:	10/11/2013	Date of Injury:	11/30/2009
Decision Date:	01/22/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation, 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 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 injured worker is a 40-year-old individual who sustained an industrial injury on November 30, 2009. The work-related diagnoses include right knee pain, history of arthroscopy, left first metacarpal joint pain, left elbow strain, left shoulder bursitis, bilateral carpal tunnel syndrome, irritable bowel syndrome, and stress syndrome. The disputed issues include a gym membership, hydrocodone, and a topical medicinal lotion (Xoten-C).

IMR ISSUES, DECISIONS AND RATIONALES

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

A one year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter

Decision rationale: The request for gym membership is recommended for non-certification in this case. The submitted documentation does not include rationale as to why there is a need for special equipment in this case. Furthermore, there have been no provisions made for supervision which the Official Disability Guidelines site as a primary reason gym memberships are not covered. Given these guidelines, this request is recommended for noncertification.

Hydrocodone/APAP 10, 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: In the case of this injured worker, there is a lack of requisite ongoing monitoring as described in the Chronic Pain Medical Treatment Medical Guidelines. There should be monitoring for aberrant behaviors which is not included in the submitted documentation. This would include checking the state database on narcotics, performance of random urine drug testing, pill counts, among other techniques. Furthermore, there is not appropriate and adequate documentation of the functional benefit of narcotic pain medications. Given this, this request is recommended for noncertification.

Xoten-C lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 & 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113, 28-29.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Xoten-C is a compounded preparation of methyl salicylate, menthol, and capsaicin. As specified in the California Medical Treatment and Utilization Schedule, if one drug or drug class of compounded formulation is not recommended, then the entire formulation is not recommended. For topical capsaicin, the guidelines state that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In the case of this injured worker, there has not been documentation of failure of first-line therapy or intolerance to other treatments.