MAXIMUS Federal Services

Case Number:	CM13-0025236		
Date Assigned:	11/20/2013	Date of Injury:	11/30/2012
Decision Date:	01/08/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 PM&R, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

66 y.o. female with an injury from 11/30/12, suffers from lumbar radiculopathy. Review of the hand-written reports dating back to 12/21/12 has back, shoulder, and neck pain, knee pain. X-rays of left hand 11/30/12 showed avulsion fracture of ulnar styloid, nonunited. 1/18/13 neurology consult by [redacted] is recommending MRI of C-spine, and did not believe numbness and tingling of the arms were coming from the neck and more likely CTS. He performed an EMG/NCV studies that were consistent with bilateral carpal tunnel syndrome. 4/13/13 report is by [redacted], another neurology consultation who recommended conservative care of the neck and arms. Patient was not interested in surgery for CTS. 5/14/13 is a urine drug screen report, negative for everything, including opiates. 5/14/13 report is by [redacted], initial evaluation. He requested EMG/NCV studies of both arms and legs, trigger point injections, CT of C,L-spine, bilateral shoulders, Naprosyn, Omeprazole, and Neurontin for medications, chiro care, discontinue all other meds, and urine screen. [redacted] issued a report on 9/3/13 stating that Neurontin was not working very well for radiculopathy, Terocin was provided on 8/9/13. Dendracin and Terocin were essential in controlling the inflammation and neuropathic pin in her leg. [redacted] also issued a report from 8/13/13 stating that UDS was done on 8/7/13 with negative results and the reason was to monitor compliance with pharmacological regime as well as identify any possible drug interactions related to multiple prescribing physicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen: 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 Drug Testing, Page(s): 43.

Decision rationale: This patient is not on any opiates medications and there is no support on any guidelines to perform routine urine drug screens. The treater argues that UDS was obtain to monitor patient compliance and to identify any possible drug interactions related to multiple prescribers. However, these are concerns when opiates are used to manage chronic pain. This patient is on non-opiates and there is no need to monitor via UDS. As an example, the patient is prescribed gabapentin, Naprosyn, and Omeprazole along with topical creams. The UDS performed do not test for any of the medications prescribed. They are not tested because they do not need to be tested. Non-opiates do not require UDS monitoring contrary to the treater's beliefs and defense.

Terocin ointment one bottle: Upheld

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

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

Decision rationale: Terocin contains Salicylate, menthol, lidocaine and Capsaicin. The treater has made the argument that the patient has failed with Neurontin, therefore, topical combination cream would be reasonable to use and consistent with the guidelines. Capsaicin can be used only in patients who have not responded or are intolerant to other treatments. The review of the treater's report does not show that the patient is not tolerating or not responding to other treatments. In fact, none of the hand-written reports discuss how the patient is responding to meds and the reasons for trying topical cream. Most importantly, the treater has yet to document radiculopathy. While the patient has radiating symptoms, radiculopathy with nerve root pain has not been documented. Furthermore, the treater does not mention where and how the topical creams are used. MTUS also states that other than Lidoderm patch, "no other commercially approved topical formulations of lidocaine(whether creams, lotion or gels) are indicated for neuropathic pain. In this case, terocine contains lidocaine which is not indicated for neuropathic pain. Terocin also contains Salicylate, an NSAID. Indications for topical NSAID is tendinitis and arthritic pain. In this case, the treater has argued that Terocin is being used for neuropathic pain. Topical NSAID is not indicated for neuropathic pain per MTUS. Since at least one of the compounded topical product contains an element Final Determination Letter for IMR Case Number CM13-0025236 4 that is not indicated for the treatment of the intended diagnosis, the entire compounded cream is not recommended.

Dendracin ointment 120ml 1 bottle: Upheld

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

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

Decision rationale: Dendracin has Salicylate, menthol and Capsaicin. Salicylate is indicated for tendinitis and arthritic pain of the peripheral joints. The treater has argued that this compounded medication is used for the patient's neuropathic pain. However, salicylate is an NSAID is not indicated for neuropathic pain. MTUS states, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Dendracin would not be indicated for neuropathic pain. Recommendation is for denial.