

Case Number:	CM13-0029449		
Date Assigned:	11/01/2013	Date of Injury:	06/07/2012
Decision Date:	02/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery 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 patient is a 52-year-old injured worker who was injured in a work related accident on 06/07/12. The clinical records for review included a recent progress report by [REDACTED] on 08/13/13, documenting continued complaints of neck pain with radiating upper extremity complaints, bilateral shoulder pain, and headaches. Physical examination showed diminished range of motion of the shoulders as well as cervical spine with tenderness to palpation, restricted range of motion at endpoints, and a sensory deficit in a T1 dermatoma distribution to the right upper extremity. The claimant's diagnosis on that date was bilateral shoulder strain with osteoarthritis, neck sprain with cervical disc protrusion and headaches. The recommendations were for multiple medications including topical analgesics and a request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for qualitative urine drug screen, 8/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, a urine drug screen in this case would not be supported. The current clinical records failed to demonstrate misuse of substance or documentation of current use of narcotic analgesics according to the last clinical assessment of 08/13/13. The retrospective request for qualitative urine drug screen, 8/31/13, is not medically necessary and appropriate

Terocin 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic Terocin that contains methyl salicylate, methanol, Lidocaine, and Capsaicin would not be indicated. MTUS Guidelines indicate that if any one agent of a topical compound is not recommended, the agent as a whole is not recommended. MTUS Guideline criteria in regard to use of Capsaicin state that it is only necessary in claimants who have not responded or are intolerant to other forms of first line therapy. In regard to Lidocaine, it also states that it is not a first line agent and is only indicated after failure of other forms of agents such as Tricyclic oral antidepressants, or neuropathic agent such as Gabapentin or Lyrica. The medical records do not indicate prior first line agents documented for use in this case. The request for Terocin 240ml is not medically necessary and appropriate.

Flurbi (NAP) Cream-LA 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Flurbi 02:25 cream would not be indicated. Amongst other agents, Flurbi cream is a combination of topical Lidocaine and Flurbiprofen. The only FDA approved agent for current use in the nonsteroidal setting for topical use is Voltaren, i.e. Diclofenac. The records do not support the role of Flurbiprofen or as stated in the previous question, the use of Lidocaine. The request for Flurbi (NAP) Cream-La 180gms is not medically necessary and appropriate.

Gabacyclotram 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Gabacyclotram compound would not be indicated. This compound contains Gabapentin and Cyclobenzaprine, two agents that are not guideline approved for use in the topical setting. There is currently no clinical literature to support the role of the Gabapentin in the topical setting. As stated above, if any one agent in a topical compound is not supported, the agent as a whole would not be indicated. The request for Gabacyclotram 180gms is not medically necessary and appropriate.

Genicin quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, Genicin is not indicated. Genicin is a nutritional supplemental form of Glucosamine. While Glucosamine is recommended as an option for knee osteoarthritis, the current diagnosis of osteoarthritis is not supported by recent clinical records for review. The request for Genicin, quantity 90, is not medically necessary and appropriate.

Somnicin quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DWC 15th Annual Educational Conference Fee Schedule-Dietary Supplements.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp ,18th Edition, 2013 Updates: Pain Procedure

Decision rationale: California MTUS Guidelines are silent for this request. When looking at Official Disability Guidelines criteria, the topical natural sleeping aide, Somnicin, would not be indicated. The claimant's current records do not indicate a working diagnosis of insomnia. The lack of documented diagnosis of insomnia would fail to necessitate the treatment to support a sleeping working diagnosis. The request for Somnicin, quantity 30, is not medically necessary and appropriate.

Laxacin, quantity 100: 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 Official Disability Guidelines (ODG), Treatment in Worker's Comp ,18th Edition, 2013 Updates: Pain Procedure

Decision rationale: California MTUS Guidelines are silent for this request. When looking at Official Disability Guidelines criteria, the role of Lactosin for opioid induced constipation would not be indicated. The Official Disability Guidelines criteria indicate the first line treatment for opioid induced constipation would be over-the-counter medications for stool softener effect. There is no current indication of first line agents being utilized in this case or continued chronic use of narcotic analgesics documented. The request for Laxacin, quantity 100 is not medically necessary and appropriate.

Urinalysis every 4-6 weeks: 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 Urine Drug Screen.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the role of a "urinalysis every four to six weeks" would not be indicated. The claimant's clinical presentation would not indicate the acute need for a urinalysis every four to six weeks in the chronic setting without documentation of a diagnosis or physical examination findings to support its need. The request for a urinalysis every four to six weeks is not medically necessary and appropriate.