

Case Number:	CM13-0030033		
Date Assigned:	11/27/2013	Date of Injury:	09/09/2005
Decision Date:	01/15/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 neck, mid back, shoulder, wrist, and elbow pain with derivative depression reportedly associated with an industrial injury of September 9, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work. In a utilization review report of September 18, 2013, the claims administrator denied a request for several topical compounds and medical foods. The applicant's attorney later appealed on September 24, 2013. An earlier clinical progress note of December 12, 2012 is notable for comments that the applicant is more active. She still has shoulder pain. Her blood pressure is well controlled at 110/70. She is given a prescription for various medical foods and compounded creams and asked to remain off of work, on total temporary disability. Multiple other notes are on the file, but these appear to be Utilization Review reports, Agreed Medical Evaluation/Medical Legal Evaluations, Review of Records, reports, and/or Medical-Legal reports of various kinds. A May 29, 2013, Medical-Legal Report suggested that the applicant is using multiple topical compounds, including ketoprofen containing cream, multiple medical foods including Hypertensor, Laxacin, and Genicin, and various analgesic medications, including tramadol, Tylenol, and Flexeril. The applicant is, additionally, on psychotropic medications which include Wellbutrin, Lexapro, and Ambien. Persistent pain complaints are present. The medications are not alleviating her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laxacin #100 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Paages 76 and 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is endorsed in those individuals using opioids. In this case, the information on file, while sparse, does seemingly suggest that the applicant was using an opioid/opioid analog, tramadol, on an Agreed Medical Evaluation of May 29, 2013. Providing a laxative such as Laxacin to treat constipation prophylactically is indicated in those applicants using opioids. While it is noted that a smaller amount of Laxacin would have been preferable here, the Independent Medical Review process does not afford the reviewer with an opportunity to issue a partial certification. Therefore, on balance, a prescription of Laxacin is indicated. The request is certified.

Ketoprofen-gabapentin-dyclobenzaprine cream: Upheld

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

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

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor gabapentin nor cyclobenzaprine are recommended for topical compound use purposes. Since all of the ingredients in purposed topical compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

Ketoprofen (NAP) cream 180gm x 3 refills: 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 Page(s): 112.

Decision rationale: Again, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. In this case, it is further noted that the applicant is using numerous first line oral pharmaceuticals,

including tramadol, without any reported difficulty, effectively obviating the need for largely experimental topical compounds. Therefore, the request is not certified.

Genicin (glucosamine) 500mg, #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, Genicin or glucosamine is indicated in the treatment of knee arthritis. In this case, however, there is no specific clinical or radiographic evidence of knee arthritis for which usage of glucosamine would be indicated here. The Agreed Medical Evaluation of May 29, 2013, stated that the applicant was presenting with wrist pain, hand pain, elbow pain, shoulder pain, and neck pain. Therefore, the request is not certified on the grounds that the applicant not a carry a diagnosis of knee arthritis for which glucosamine (Genicin) would be indicated.

Somnicin #30x 3 refills: 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) Integrated Treatment/Disability Duration Guidelines: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Pain (Chronic).

Decision rationale: The MTUS does not address the topic of medical foods. As noted in ODG chronic pain chapter: medical foods topic, medical foods are recommended only if there is evidence that an applicant carries a diagnosis or disease process with a specific nutritive requirement. In this case, there is no evidence that the applicant's diagnosis of chronic pain carries any specific nutritive requirement. Accordingly, the request remains non-certified.

Terocin Lotion 240 gms x 3 refills: Upheld

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

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

Decision rationale: As noted previously, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics as a class, "largely experimental." In this case, no compelling rationale has been attached to the applications for independent medical review so

as try and offset the unfavorable MTUS recommendation. It is further noted that the applicant is reportedly using several first line oral pharmaceuticals, including Tylenol and tramadol, without any seeming difficulty, impendent and/or impairment, effectively obviating the need for topical compounds here. Accordingly, the request remains non- certified.