MAXIMUS Federal Services

Case Number:	CM13-0031467		
Date Assigned:	12/04/2013	Date of Injury:	04/21/2006
Decision Date:	03/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 59 year old male who sustained a work-related injury on 4/21/06; his right hand was crushed in a grinding machine. The applicant was transported by ambulance to the hospital and underwent surgery to amputate his hand at the wrist. He was released from the hospital after approximately three days. He has received physical therapy, acupuncture, and pain management. He has been issued two different types of prostheses. Despite treatment his level of pain has been increasing. A report dated 1/18/13 states that the patient presented to the emergency room on August 25, 2002 for complaints of chest pain. The patient was diagnosed with hypertension, atypical chest pain, and grieving from son's death. He was prescribed Dyazide. An office report dated 10/18/12 reflects subjective complaints of continuous neck pain radiating to the right upper extremity (7/10), continuous right wrist pain radiating (7/10), insomnia, and depression. The patient had a myocardial infarction on September 21, 2012. A urine toxicology report from 7/9/13 reveals inconsistent findings; there were no opiates. A 7/8/13 PR-2 office note states that the patient complains of frequent right shoulder pain (8/10), frequent right elbow pain (8/10), and insomnia. He also states that stump pain radiates to the forearm and exhibits cold sensitivity. Objective findings include the range of motion at the right shoulder is 150 forward flexion, 40 extension, 120 abduction, 20 adduction, 0 extension, 70 supination, and 70 pronation. There is tenderness and pain at stump tip. There is no erythema. The scar is well healed with hyperesthesia at stump tip. Diagnoses include stump pain, depression, and insomnia. The treatment plan included compounded topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Terocin pain patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 105, 111-112.

Decision rationale: A Terocin patch contains Menthol 4%, and Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Furthermore, 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. Although Menthol is not specifically addressed in the MTUS, menthol is present in Bengay which is recommended by the MTUS. However, documentation submitted does not show evidence of failure of oral first line therapy for peripheral pain such as antidepressants or anticonvulsants. The patient also does not have post herpetic neuralgia. Based on the documentation submitted, the request is noncertified.

120 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12, 75, 78-80, 91.

Decision rationale: Per MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Documentation indicates the patient has inconsistent urine toxicology screens. There is no documentation that these inconsistencies were discussed with the patient. Furthermore, documentation submitted is not clear on the patient's ongoing review and documentation of pain relief, functional status and on-going medication management, or the treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree. MTUS guidelines states that opioids should be discontinued when there is no overall improvement in function. Therefore, Norco is not medically necessary.

240 ml of Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 105, 112-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is little support for the use of many of the topical analgesics Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredients in Terocin lotion are Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, and only in the case of post-herpetic neuralgia. Patient has no documentation that he meets criteria for topical lidocaine and therefore this is not medically necessary. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended by the MTUS. The MTUS guidelines do not specifically discuss menthol, but there is mention of Bengay, which has menthol in it; it is recommended per MTUS for chronic pain. However, since two of the ingredients in this compound are not recommended, the request is not medically necessary.

180 grams of Flurbi (NAP) cream-LA: Upheld

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

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

Decision rationale: Per MTUS guidelines, topical NSAIDs are inconsistently effective. They are shown to be superior to placebo in the first two weeks of osteoarthritis treatment, but after that, they are either ineffective, or their efficacy diminishes over another two week period. The requested cream contains Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%. Amitriptyline is an antidepressant. The MTUS does not recommend topical antidepressants. Topical lidocaine is also not recommended per MTUS guidelines; it is only recommended in the form of Lidoderm patches, and all other topical forms are rejected. Per MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended cannot be recommended. As such, the request is not medically necessary.

180 grams of Gabacyclotram: Upheld

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

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

Decision rationale: Gabacyclotram is made up of Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%. Per the MTUS, topical Gabapentin and topical Cyclobenzaprine (both muscle relaxants) are not recommended. Topical Tramadol, an opioid analgesic, is also not recommended. Per MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended cannot be recommended. Guidelines further state that while many medications are compounded for monotherapy or pain control, there is little to no research to support compounded products. As such, the request is not medically necessary.

90 Genicin: 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 Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Per MTUS Guidelines, Glucosamine is an option for patients with moderate arthritis pain, especially of the knee. The documentation provided for review does not reveal evidence of arthritis. Therefore, the request is not medically necessary.

30 Somnicin: 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

Decision rationale: The MTUS is silent on insomnia, so the Official Disability Guidelines were used instead. Somnicin capsules are made up on Melatonin, 5HTP, L tryptophan, Pyridoxine, and Magnesium. They are to be taken for the treatment of insomnia, anxiety, and muscle relaxation. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance; failure of sleep disturbances to resolve in 7-10 days may indicate a psychiatric and/or mental illness. Primary insomnia is generally addressed pharmacologically, while secondary insomnia may be treated with pharmacologic or psychological methods. The following components of insomnia should be documented: sleep onset, sleep maintenance, sleep quality, and next day functional. The documentation submitted does not address the components of insomnia. Therefore, the request is not medically necessary.

cardiovagal innervations and heart-rate variability (parasympathetic innervations): 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, the [redacted] policy for Autonomic Testing/Sudomotor Tests, and the Anthem Autonomic Testing Policy.

Decision rationale: The MTUS does not speak to this issue, so other guidelines were used. The ODG states that most formal diagnostic tests for Sudomotor measure are laboratory based, and not generally recommended. Additionally, the [redacted] policy states that the use of autonomic nervous system function testing for cardiovagal innervations is considered investigational, and therefore not medically necessary. The [redacted] policy states that autonomic testing is medically necessary for amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber neuropathy, idiopathic neuropathy, multiple system atrophy, pure autonomic failure, reflex sympathetic dystrophy or causalgia, and SjÃ¶gren's syndrome; for all other indications, it is considered experimental and investigational. The documentation submitted does not state that the patient has complex regional pain syndrome, or any of the diseases that [redacted] lists. The medical records also did not indicate the need for this test. Therefore, the request is not medically necessary.

adrenergic beat to beat blood pressure responses to the Valsalva maneuver, sustained hand grip, and blood pressure and heart rate responses to active standing: 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, the [redacted] policy for Autonomic Testing/Sudomotor Tests, and the Anthem Autonomic Testing Policy.

Decision rationale: The MTUS does not speak to this issue, so other guidelines were used. The ODG states that most formal diagnostic tests for Sudomotor measure are laboratory based, and not generally recommended. Additionally, the [redacted] policy states that the use of autonomic nervous system function testing for cardiovagal innervations is considered investigational, and therefore not medically necessary. The [redacted] policy states that autonomic testing is medically necessary for amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber neuropathy, idiopathic neuropathy, multiple system atrophy, pure autonomic failure, reflex sympathetic dystrophy or causalgia, and SjÃ¶gren's syndrome; for all other indications, it is considered experimental and investigational. The documentation submitted does not state that the patient has complex regional pain syndrome, or any of the diseases that [redacted] lists. The medical records also did not indicate the need for this test. Therefore, the request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.