

Case Number:	CM13-0049781		
Date Assigned:	04/07/2014	Date of Injury:	03/12/2000
Decision Date:	06/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 54-year-old female who reported an injury on 03/12/2000 secondary to an unknown mechanism of injury. Her diagnoses include lumbar spine laminectomy syndrome, degenerative disc disease, deconditioned fibromyalgia, bipolar disorder with psychotic features, and substance abuse. It was noted that the injured worker underwent 2 back surgeries on an unknown dates. Her current medications were noted to include Clonazepam, Fluoxetine, Gabapentin, and Vicodin. The injured worker was evaluated on 09/12/2013 and reported low back pain, left leg pain, and numbness and tingling. On physical examination, she was noted to have a positive straight leg raise bilaterally, as well as diminished Achilles reflexes in the ankles bilaterally. She was also noted to have good strength. The injured worker was recommended for aquatic therapy to address flexibility, strength, endurance, and body mechanics. She was also recommended for ibuprofen, Norco, Terocin, and Theramine. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 (POOL THERAPY): 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 Chronic Pain Medical Treatment Guidelines, Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The request for physical therapy 2x6 (pool therapy) is non-certified. The injured worker reported pain of unknown severity in the low back and left leg. On physical examination, she was noted to have a positive straight leg raise bilaterally and diminished reflexes were good strength. The California MTUS Guidelines may recommend physical therapy for restoring flexibility, strength, function, and range of motion. There is a lack of documented evidence to indicate that the injured worker has significant functional deficits with regard to strength or specific range of motion values. Additionally, an initial trial of physical therapy is preferred. Additional sessions may be recommended (up to 10 total visits) with documentation of objective functional improvement with the initial trial of physical therapy. Therefore, the request for 12 visits of physical therapy is excessive according to the evidence-based guidelines for treatment duration. Furthermore, the guidelines may recommend aquatic therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There are no exceptional factors documented to indicate that the injured worker is unable to participate in land-based physical therapy as opposed to aquatic therapy. In the absence of documented functional deficits, and based on guidelines for treatment duration, the necessity of 12 aquatic therapy visits has not been established.

NORCO 10/325MG: 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 Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is non-certified. It was noted that the injured worker's current medications included Vicodin. There was no rationale documented to establish a need for the prescription of an additional opioid. There is no documentation in the medical records to indicate that the Vicodin prescription has been discontinued. Additionally, the California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The recent medical records submitted for review fail to document quantifiable pain relief and objective functional improvement with the injured worker's use of opioids. It was also noted that the injured worker has a history of substance abuse. The documentation submitted for review fails to provide a recent urine drug screen to monitor for appropriate medication use. Therefore, the evidence-based criteria for ongoing opioid use have not been met. Furthermore, the request as written does not include a quantity. Therefore, it is unclear that the request as written allows for timely reassessment of medication efficacy. As such, the request for Norco 10/325 mg is not medically necessary.

TEROCIN 240ML: 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Terocin 240 ml is non-certified. While the clinical notes indicate in intention to prescribe New Terocin, the request as written is for Terocin rather than New Terocin. Terocin contains 25% methyl salicylate, 0.025% capsaicin, 10% menthol, and 2.50% lidocaine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These guidelines also state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documented evidence to indicate that trials of antidepressants and anticonvulsants have failed in the treatment of this injured worker. Additionally, Lidoderm is the only topical formulation of lidocaine supported by evidence-based guidelines. The guidelines state that no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for Terocin 240 ml is not medically necessary.

THERAMINE: 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), Pain Chapter, Theramine®.

Decision rationale: The request for Theramine is non-certified. Theramine is a medical food that is a proprietary blend of gamma amino butyric acid and choline bitartrate, L-Arginine, and L-serine. The Official Disability Guidelines do not support the use of Theramine as there is no high quality peer-reviewed literature to indicate the efficacy of gamma amino butyric acid, choline supplementation, L-Arginine, or L-serine. Therefore, it is unclear from current medical research that the injured worker would benefit from the use of Theramine. Furthermore, the request as written does not include a quantity or frequency. As such, it is unclear that the request as written allows for timely reassessment of medication efficacy. As such, the request for Theramine is not medically necessary.