

Case Number:	CM13-0053156		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2008
Decision Date:	03/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain, low back pain, shoulder pain, hip pain, sleep disturbance, and psychological stress reportedly associated with an industrial injury of November 6, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 25, 2013, the claims administrator reportedly denied request for Terocin, Somnicin, and multiple topical compounds. The applicant's attorney subsequently appealed. In a June 7, 2013 progress note, the applicant is described as a former general laborer who is off of work, on total temporary disability. Multifocal shoulder, neck, hip, and eye pain are appreciated with tenderness and diminished range of motion noted about multiple body parts. The applicant is asked to obtain a psychiatry consultation, orthopedic consultation, and multiple MRI studies while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the applicant had seemingly used these topical agents and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, implies that ongoing usage of the topical compound in question has been unsuccessful. Therefore, the request is not certified.

Somnicin: 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 Complementary or Alternative Treatments, Dietary Supplements, etc. for Chronic Pain..

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines on chronic pain, dietary supplements, nutritional supplements, and medical foods are not recommended as they have no proven efficacy in the treatment of chronic pain disorders or conditions. Therefore, the request is not certified owing to the unfavorable guideline recommendation.

Flurbiprofen/Lidocaine/Amitriptyline:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As with the other topical compound, the MTUS Guideline in ACOEM Chapter 3 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds, which are per Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that, as with the other topical compound, that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, implies a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of the topical compound in question. Accordingly, the request is not certified.

Gabapentin/Cyclobenzaprine/Tramadol for Left Hip and Thigh Strain: 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): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine has been recommended for topical compound formulation purposes. Since two ingredients in the compound carry unfavorable recommendations, the entire compound is considered to carry an unfavorable recommendation, per Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified.