

Case Number:	CM13-0067050		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2003
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 12, 2003. 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; topical compounds; alternative treatments and nutritional supplements; unspecified amounts of acupuncture over the life of the claim; multiple prior cervical spine surgeries; left elbow surgery in 2002; left wrist surgery in 2013; and extensive periods of time off of work. In a Utilization Review Report of December 9, 2013, the claims administrator partially certified a request for eight sessions of acupuncture as six sessions of acupuncture, denied urinalysis, approved a prescription for Terocin, denied multiple topical compounds, denied Oxycodone, denied Ultracet, and denied various medical foods. The applicant's attorney subsequently appealed. On September 3, 2013, the applicant's chronic pain physician acknowledged that the applicant was off of work, on total temporary disability. It was stated that the applicant should continue previously suggested treatments. In an August 12, 2013 progress note, the applicant is described as having been deemed "permanently disabled." Persistent 7-9/10 neck pain, back pain, headaches, wrist pain, arm pain, and elbow pain were noted. The applicant is asked to employ Tramadol, Norco, various topical compounds, and various dietary supplements, including Somnacin and Terocin. An earlier note of July 18, 2013 was also notable for comments that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE VISITS CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no evidence of functional improvement following completion of prior unspecified amounts of acupuncture. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medications, topical compounds, dietary supplements, etc., further arguing against functional improvement as defined in section 9792.20f. It is further noted that the request for eight sessions of acupuncture is in excess of the "three to six treatments" deemed necessary to produce functional improvement following introduction of the same noted in MTUS 9792.24.1.c1. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.

1 URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or establish a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, the attending provider should clearly state which drug and/or drug panels he intends to test for along with the request for authorization for testing. The attending provider should also state which drug test and/or drug panels he is testing for, along with last time the applicant was tested. In this case, none of the aforementioned criteria were met. The attending provider did not clearly state when the last time the applicant was tested. The attending provider did not clearly state which drug test and/or drug panels were being tested for, nor did the attending provider attach the applicant's complete medication list to the request for authorization for testing. Finally, earlier drug testing of June 2013 suggested that the attending provider was testing for 15 different antidepressant metabolites, five different barbiturate metabolites, 10 different benzodiazepine metabolites, and 15 different opioid metabolites. These tests do not conform to the best practice standards of the [REDACTED] which ODG recommends mimicking. For all of the stated reasons, the request is not certified, on Independent Medical Review.

1 PRESCRIPTION OF TEROGIN 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceutical 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 "not recommended." It is noted that the applicant has been issued with prescriptions of multiple oral pharmaceuticals including Ultracet, Percocet, Norco, etc., effectively obviating the need for largely experimental topical agents such as Terocin. Therefore, the request is not certified, on Independent Medical Review.

1 PRESCRIPTION OF FLURBI (NAP) CREAM-LA 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs topic and MTUS 9792.20f Page(s): 111.

Decision rationale: Again, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics, as a class, "largely experimental." In this case, the applicant has used this and other topical agents for some time, chronically, without achieving any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f. The applicant remains off of work, on total temporary disability. The applicant's physical impairment is magnified. The applicant has failed to achieve any reduction in dependence on medical treatment. Therefore, the request is likewise not certified.

1 PRESCRIPTION OF GABACYCLOTRAM 180GMS: 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 Topical Analgesics Page(s): 111, 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Gabapentin nor Cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the 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 remains not certified, on Independent Medical Review.

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 ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section

Decision rationale: The MTUS does not address the topic of dietary supplements, complementary treatments, etc., such as Somnacin. As noted in the Third Edition ACOEM Guidelines on chronic pain, however, alternative treatments, complementary treatments, or dietary supplements such as Somnacin are "not recommended" for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in terms of functional outcomes. Accordingly, the request for Somnacin is not certified owing to the unfavorable ACOEM recommendation.