

Case Number:	CM13-0067809		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2010
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Pain Management 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:

This case involves a 63 year-old female with a 3/1/2010 industrial injury claim. She has been diagnosed with headache; neck sprain; lumbago; lumbar disc protrusion; left shoulder internal derangement; bilateral CTS; bilateral knee internal derangement. According to the 10/15/13 pain management report from [REDACTED], the patient presents with 5/10 headaches; 5/10 neck pain radiating to the LUE; 7/10 low back pain radiating to the LLE; 8/10 left shoulder pain; 5/10 occasional right knee pain; 7/10 frequent left knee pain. No side effects from medications, Pain is 9/10 without meds, and with meds is 8/10. [REDACTED] prescribes some compounded topicals and medical foods, also requests internal medicine consult, a UDT, prescribes Terocin patches, and Protonix and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERIC PROTONIX 40 MG # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, history of peptic ulcer or GI bleed is a risk factor for GI events. The patient had been on NSAIDs, but has been taken off and has been provided the PPI, but the GI symptoms were persistent. The physician has provided Protonix for the ulcer and GERD symptoms and was awaiting the internal medicine consult. The use of Protonix is in accordance with the boxed label indications. The request for Generic Protonix 40 mg # 60 is medically necessary and appropriate.

GENERIC FIORICET # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAS) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Fioricet states: "See Barbiturate-containing analgesic agents (BCAs)." MTUS for Barbiturate-containing analgesic agents (BCAs) specifically states: "Not recommended for chronic pain" The request for generic Fioricet # 60 is not medically necessary and appropriate.

OFFICE CONSULTATION. EVALUATION WITH AN INTERNIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7, Page 127

Decision rationale: ACOEM guidelines states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise." Based on the medical records provided for review the patient has various comorbid conditions that may interfere with the treatment for the industrial injury and many of the conditions are within the scope of the internal medicine specialist. The request for an office consultation evaluation with an internist is medically necessary and appropriate.

UNLISTED URINALYSIS PROCEDURE. URINE TOXICOLOGY EVERY 4-6 WEEKS WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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

Decision rationale: The MTUS does not specifically discuss the frequency that Urine Drug Testing (UDT) should be performed. The Official Disability Guidelines (ODG) is more specific on the topic and states, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Based on the medical records provided for review there is no mention of the patient being above low risk for aberrant drug behavior. Official Disability Guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for urine toxicology every four to six weeks with [REDACTED] is not medically necessary and appropriate.

TEROCIN PAIN PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Terocin patches are 4% lidocaine and 4% menthol. This is a chronic condition. The MTUS Chronic Pain Medical Treatment Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Official Disability Guidelines (ODG) discusses menthol as the active ingredient in Biofreeze that takes the place of ice packs, and is recommended on "acute" low back pain. The use of menthol is not recommended for chronic conditions. Therefore, the request for Terocin pain patch is not medically necessary and appropriate.