

Case Number:	CM14-0101157		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2012
Decision Date:	11/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 records presented for review indicate that this 53 year-old female was reportedly injured on June 20, 2012. The mechanism of injury is noted as a slip and fall type event. Urine drug screening was completed and the hydrocodone prescribed was listed as negative noted to be not consistent with the medications prescribed. The most recent progress note, dated April 15, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion. Diagnostic imaging studies objectified multiple level disc protrusion with no specific nerve root encroachment. Facet joint and ligamentum flavum hypertrophy also noted. Previous treatment includes multiple medications and epidural steroid injections. A request had been made for multiple medications and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. Furthermore, the procedure note dated May 31, 2013 (noting an epidural steroid injection) offered no clinical indication for the continued use of this type of medication. Additionally, the MRI completed on March 17, 2014 noted multiple level ordinary diseases of life degenerative changes. Furthermore, benzodiazepines are not recommended for chronic or long-term use as the long-term efficacy is unproven and there is a risk of dependence. Therefore, based on the clinical information presented for review, this is not medically necessary.

Flurbi Creal-LA 180 mg: 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 Page(s): 111-112.

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. Furthermore, the use of topical non-steroids is not supported for chronic or indefinite use. The MTUS guidelines do support this intervention for the short-term treatment of osteoarthritis or a tendinitis. Neither exists in this clinical situation, therefore this is not medically necessary.

Gabacyclotram 180mg: 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 Page(s): 56, 111-112.

Decision rationale: The most recent medical records presented for review is a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this topical compounded medication. Furthermore, this is a preparation that contains gabapentin, cyclobenzaprine and tramadol. The use of such topical medications is "largely experimental" and there is no noted efficacy or utility with medication. This would be another reason that this is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. While noting some support for glucosamine as an option, this is limited to knee osteoarthritis. There is no clear clinical information presented to suggest that this malady exists. Therefore, this would be another indicator of no medical necessity.

Somnicin #30: 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, Insomnia Treatment

Decision rationale: The most recent medical records presented for review is a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. This medication contains a tryptophan component which is an antidepressant. This drug is also used to treat insomnia; the progress note did not address any issues relative to depression or insomnia, the response to the medication, or why this should be clinically continued. Therefore, when noting the side effect profile noted in the MTUS and the previously discussed lack of narrative in the progress note, the use of this medication cannot be supported and the medical necessity cannot be established.

Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

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

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information in this narrative to support the need for capsaicin. There is no clinical data presented demonstrating the efficacy or utility of this medication. While noting there is some support in the MTUS for this preparation, there has to be intolerance to other treatments and other management options. None was noted in

the 2013 progress of presented for review. Seeing none, there is no data presented to support the medical necessity of this product.

Menthoderm gel #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. Furthermore, there is no support for topical analgesics as these are noted to be largely experimental. Additionally, the active ingredient is methyl salicylate and there is no peer-reviewed evidence-based medicine to support this compounded product having any noted efficacy. Again, this is not medically necessary.

Xolido 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The current medical records presented for review or a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. As such there is insufficient clinical information presented to support the medical necessity of this request. This topical lidocaine product is indicated for those individuals with a neuropathic pain lesion that has failed first-line therapy. Based on the limited progress notes presented for review, there is no objectification that criterion has been met. Therefore, this request is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

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 updated September, 2014

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. The request is for a medical food and there is no narrative presented outlining that this has been successful in ameliorating the symptomology. This is a medical food that is a proprietary product that is specifically not recommended as noted in the ODG. (MTUS and ACOEM guidelines do not address) While it is intended for the use of the management of chronic pain syndromes, there are no high quality peer-reviewed literature citations indicating GABA as having any efficacy. Lastly, when noted there is no efficacy objectified; the clinical indication for medical necessity is not established.

Sentra AM #60: 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 updated September, 2014

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. The request is for a medical food and there is no narrative presented outlining that this has been successful in ameliorating the symptomology. This is a medical food that is a proprietary product that is specifically not recommended as noted in the ODG. (MTUS and ACOEM guidelines do not address) While it is intended for the use of the management of chronic pain syndromes, there are no high quality peer-reviewed literature citations indicating GABA as having any efficacy. Lastly, when noted there is no efficacy objectified, the clinical indication for medical necessity is not established.

Sentra PM #60: 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 updated September, 2014

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. This is a medical food that is a proprietary product that is specifically not recommended as noted in the ODG. (MTUS and ACOEM guidelines do not address) While it is intended for the use of the management of chronic pain syndromes, there are no high quality peer-reviewed literature citations indicating

GABA as having any efficacy. Lastly, when noted there is no efficacy objectified, the clinical indication for medical necessity is not established.

Gabadone #60: 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 updated September, 2014

Decision rationale: The current medical records presented for review are for a request for transportation services and multiple urine drug screening analysis. The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. This is a medical food that is intended to make additional requirements for inducing sleep and promoting restorative sleep. However, there are no high quality evidence-based medical citations for this application. Lastly, when noted there is no efficacy objectified, the clinical indication for medical necessity is not established.

Trepadone #90: 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 updated September, 2014

Decision rationale: The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this medication. This is a medical food with a suggested indication for the management of joint disorders of pain and inflammation. However, there are no high quality peer-reviewed citations to support this concoction. Lastly, when noted there is no efficacy objectified, the clinical indication for medical necessity is not established.

Toradol 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The most current clinical progress note presented is dated April, 2013. There is no clinical information presented demonstrating the efficacy or utility of this

medication. This is a medical food with a suggested indication for the management of joint disorders of pain and inflammation. However, there are no high quality peer-reviewed citations to support this concoction. Lastly, when noted there is no efficacy objectified, the clinical indication for medical necessity is not established.