

Case Number:	CM14-0101885		
Date Assigned:	08/08/2014	Date of Injury:	03/28/2013
Decision Date:	10/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

The records presented for review indicate that this 29 year-old individual was reportedly injured on March 28, 2013. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of constant neck pain, right shoulder pain, elbow pain and numbness with tingling. The physical examination demonstrated a decrease in range of motion, tenderness to palpation, and a positive Phalen's and Tinel's. Diagnostic imaging studies objectified a cervical disc lesion. The request for treatment dated July 29, 2014 noted the diagnosis of cervical disc protrusion, a brachial neuritis in the right shoulder sprain/strain. Previous treatment includes multiple medications, physical therapy and pain management interventions. A request has been made for cyclobenzaprine, topical ointments, theramine, sentra am, sentra pm, urine drug screen, and terocin patches and were not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride (7.5mg, #60, DOS: 02/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. There is no literature supporting the chronic or indefinite use of this medication. The clinical examination noted constant neck pain, a decrease in range of motion, tenderness to palpation and no specific findings of muscle spasm. Given the claimant's 18-month history of injury and the clinical presentation as described above, the data necessary for support of this medication is not presented. As such, the request is not medically necessary.

Menthoderm Gel (#240, DOS: 02/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Drugs.com website (<http://www.drugs.com/cdi/menthoder-cream.html>).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Furthermore, the physical examination is unchanged from prior visits demonstrating no objectified efficacy with the use of this preparation. For these reasons, the request is not medically necessary.

Xolido 2% Cream (DOS: 02/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56, 57, 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, specifically, there is no objectification of a verifiable radiculopathy on electro-diagnostic testing or physical examination. The claimant has upper extremity symptomology but no evidence of a neuropathic pain lesion. As such, the request is considered not medically necessary.

Terocin Patches (#20, DOS 02/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 112.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, this medication is supported for those individuals with objectified neuropathic pain lesions of failed treatment. The progress note specifically indicates that this is an as needed application for "minor aches and muscles pains," none of which are objectified on the physical examination or with diagnostic data. Furthermore, there needs to be some demonstrated efficacy or utility in terms of increased functionality or decreased pain complaints. The requesting provider did not provide these data points in the progress note. Seeing none, there is no clear clinical indication to establish the medical necessity for this preparation. The request is not medically necessary.

Theramine (#90, DOS 02/24/2014): 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: This medication is not addressed in the California Medical Treatment Utilization Schedule. Therefore, the parameters noted in the Official Disability Guidelines were employed. This is a medical food. There is no support for medical foods in the guidelines, particularly local proprietary blends of amino acids. The narrative of the progress notes did not discuss this preparation. With the lack of discussion of this request in the records provided for review and that there is no support for this in the guidelines, there is no clear clinical indication presented establishing the medical necessity of this preparation. The request is not medically necessary.

Sentra AM (#60, DOS 02/24/2014): 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: This is a medical food and is not addressed in the California Medical Treatment Utilization Schedule guidelines. The parameters noted in the Official Disability Guidelines were employed and there is no support in the literature for such medical food. Therefore, noting that no increase in functionality for the injured worker has been identified in

the clinical documentation, there is no clinical indication for the medical necessity of this product. The request is not medically necessary.

Sentra PM (#60, DOS: 02/24/2014): 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: This is a medical food and is not addressed in the California Medical Treatment Utilization Schedule guidelines. The parameters noted in the Official Disability Guidelines were employed and there is no support in the literature for such medical food. Therefore, noting that no increase in functionality for the injured worker has been identified in the clinical documentation, there is no clinical indication for the medical necessity of this product. The request is not medically necessary.

Urine Drug Screen (DOS: 02/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Analysis Page(s): 43,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, use of drug screening is indicated when there are indicators of abuse, addiction, poor pain control, drug diversions, intoxication or some other parameters. The July 2014 progress note presented for review does not indicate that any of these findings are noted. Accordingly, the narrative is lacking support for this intervention. Therefore, there is no clear clinical medical indication presented to establish the necessity of this assessment. The request is not medically necessary.