

Case Number:	CM14-0109421		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2011
Decision Date:	10/27/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 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] works employee who has filed a claim for chronic low back, bilateral foot, and big toe pain reportedly associated with an industrial injury of August 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; dietary supplements; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for a topical compounded agent along with a dietary supplement. The applicant's attorney subsequently appealed. In a July 31, 2014 neurosurgery consultation, the applicant presented with persistent complaints of low back pain. The applicant was given diagnoses of lumbar spondylosis, lumbar stenosis, and lumbar disk displacement. The applicant was asked to pursue a lumbar spine surgery. The applicant's work status was not furnished. In an earlier note dated May 6, 2014, the applicant was asked to obtain a mattress, a shower chair, a TENS unit, Theramine, Sentra, various topical compounds, Norco, and Methadone for ongoing complaints of severe, 10/10 low back pain. The applicant's work status was not stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

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

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 Treatments section.

Decision rationale: The MTUS does not address the topic of dietary supplements such as Sentra. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatments such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Capsaicin Compounded Ointment 240 grams for two months use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin-containing topical compound at issue. The applicant's ongoing usage of Norco, Methadone, and numerous other first-line oral pharmaceuticals effectively obviates the need for the capsaicin-containing topical compound. Therefore, the request is not medically necessary.