MAXIMUS Federal Services

Case Number:	CM14-0013167		
Date Assigned:	02/24/2014	Date of Injury:	05/01/2012
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 has filed a claim for chronic shoulder, neck, elbow, wrist, and leg pain reportedly associated with an industrial injury of May 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; wrist TFCC repair surgery; postoperative casting; and extensive periods of time off of work. In a January 14, 2014 progress note, handwritten, the applicant was described as making slow progress and having unchanged symptoms. The attending provider stated that the applicant's topical medications, somewhat incongruously, were helping in another section of the report. The applicant is asked to consult a pain management physician, rheumatologist, spine surgeon, and obtain a cervical pillow along with multiple medication refills. The applicant's work status was not discussed on this occasion; however, the applicant is placed off of work, on total temporary disability, on an earlier visit of December 3, 2013. The applicant was described as using all the topical compounds in question as early as October 22, 2013, along with dietary supplements such as Somnicin at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals 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 largely experimental. It is further noted that, contrary to what was suggested by the attending provider, the applicant has used these topical compounds and drugs for what now amounts to several months and has failed to demonstrate any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant and highly dependent on various forms of medical treatment, including consultations with multiple providers in multiple specialties. Therefore, the request is not medically necessary.

FLURBI 180 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. 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 the usage of topical agents and/or topical compounds such as the flurbiprofen-containing compound proposed here, which are deemed, as a class "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that, as with the other topical compounds, the applicant has used the flurbiprofen-containing topical compound for some time and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on consultations with multiple providers in multiple specialties. Therefore, the request is not medically necessary.

GABACYCLOTRAM 180 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: As noted in page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound, specifically gabapentin and

cyclobenzaprine, are muscle relaxants, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

SOMNICIN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Alternative Treatments section. 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. However, as noted in the Third Edition ACOEM Guidelines, dietary supplements and alternative treatments such as Somnacin are not recommended in treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. In this case, the attending provider has, as with the other medications, failed to provide any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. It is further noted that, as with the other medications, the applicant has failed to effect any lasting benefit or functional improvement through ongoing usage of Laxacin. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including multiple consultations with multiple providers in multiple specialties. Therefore, the request is not medically necessary.

LAXACIN #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of laxatives in those applicants who are using opioids, in this case, however, the handwritten and largely illegible progress notes in question do not detail or discuss the applicants using opioids, nor do they make any mention of the applicant's suffering from constipation. Therefore, the request is likewise not medically necessary, on Independent Medical Review.

XOLIDO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, 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 pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Xolido, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that, as with the other topical compounds and dietary supplements, the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on consultations with various providers in various specialties, all of which, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing issues of Xolido. Therefore, the request is not medically necessary.