

Case Number:	CM14-0015745		
Date Assigned:	03/03/2014	Date of Injury:	01/15/2008
Decision Date:	10/17/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 neck pain reportedly associated with an industrial injury of January 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; dietary supplements; earlier cervical spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for Oycodone, Theramine, Trepadone, Sentra, topical Terocin, electrodiagnostic testing, and CT imaging of the cervical spine. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant reported persistent complaints of neck and low back pain, 7-8/10. The applicant was status post earlier cervical spine surgery in August 2013, it was stated. Limited cervical and lumbar range of motion was noted. A variety of dietary supplements and topical compounds were endorsed, including Gabacyclotram, Genicin, Somnicin, and Terocin. A CT scan of the cervical spine was endorsed on the grounds that the applicant reportedly had significant pain following earlier cervical spine surgery. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Of Cervical Spine With No Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT scan imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical therapy exam findings, in preparation for an invasive procedure, in this case, however, there is no indication, mention, or evidence that the applicant is actively considering or contemplating further cervical spine surgery on or around the date of the request, January 21, 2014. While the applicant was reporting heightened complaints of cervical spine pain, the attending provider did not clearly or explicitly state why the cervical spine CT in question was being sought and/or how (or if) it would influence the treatment plan. Therefore, the request is not medically necessary.

EMG (Electromyograph) Of Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation either preoperatively or before planned epidural steroid injection therapy, in this case, however, there was/is no evidence that the applicant was contemplating any further invasive procedure, including either cervical epidural steroid injection therapy or cervical spine surgery. There was no evidence that the applicant was intent on acting on the results of the proposed EMG testing. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) Of Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, the routine usage of NCV or EMG in the diagnostic evaluation of applicants is deemed "not recommended." In this case, the applicant already has an established diagnosis of cervical radiculopathy status post earlier cervical spine surgery. Nerve conduction testing of the upper extremities is, by definition, superfluous, as the applicant already has a definitively established diagnosis. Therefore, the request is not medically necessary.

Terocin Pain Patch Box (10) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." 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 topical compounds such as Terocin. Therefore, the request is not medically necessary.

Oxycodone 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work, despite ongoing opioid therapy. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing oxycodone usage, on an office visit dated October 29, 2013. The attending provider failed to recount any material improvements in function achieved as a result of ongoing oxycodone usage. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the 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 ODG Pain ,Theramine

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. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, alternative treatments, and/or complementary treatments such as Theramine are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefit in the treatment of the same. In this case, the attending provider failed to provide any compelling applicant-specific

rationale or commentary which would offset the unfavorable ACOEM position on the article in question. Therefore, the request is not medically necessary.

Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Trepadone

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. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatments such as Trepadone are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the management of the same. In this case, the attending provider failed to proffer to 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.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Medical Food , Sentra

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. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, alternative treatments, complementary treatments; and/or dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the management of the same. In this case, the attending provider failed to proffer 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.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Gabadone

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. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, Alternative Treatments section, however, dietary supplements, complementary treatments, and/or alternative treatments such as Gabadone are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the management of the same. In this case, the attending provider failed to provide 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.

Sentra PM#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Medical Food, Sentra

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. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, dietary supplements such as Sentra PM are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the management of the same. In this case, as with the other requests, the attending provider failed to proffer 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.