

Case Number:	CM14-0133800		
Date Assigned:	08/25/2014	Date of Injury:	05/23/1996
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Preventative Medicine and Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 54 year old employee with date of injury of 5/23/1996. Medical records indicate the patient is undergoing treatment for lumbar disc disease and disc herniation. Subjective complaints include low back pain rated 6/10. Neck pain has been increased with stiffness, muscle pain, tenderness and numbness/tingling down to left extremity. Symptoms have worsened over last 5 months. Objective findings include TTP with trigger points and spasms noted over right paraspinals; positive straight leg raise with back pain and sensation intact to light touch. Lumbar range of motion (ROM): flexion, 70; extension 25 and left and right lateral bend to 20. He has a positive compression test. Treatment has consisted of ice packs, Tramadol, Tylenol #3, Voltaren, NAP cream, Gaba cream, Terocin, Genicin, Lacacin, Medrol, Flexeril, Alieve. He has received two trigger point injections and acupuncture therapy. The utilization review determination was rendered on 7/28/2014 recommending non-certification of Acupuncture (6) visits, Voltaren/Flurbi NAP cream, Gaba/Terocin Cream and Genicin #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Six visits are in excess of the initial 3-4 visits over 2 weeks. As such, the request Acupuncture (6) visits is not medically necessary.

Voltaren/Flurbi NAP cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS specifically states for Voltaren Gel 1% (Diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Voltaren/Flurbi NAP cream is not medically necessary.

Gaba/Terocin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As such, the request, for Gaba/Terocin Cream is not medically necessary.

Genicin #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 - Glucosamine/Chondroitin (for knee arthritis)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine

Decision rationale: Genecin is a version of glucosamine. MTUS state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Medical records do indicate the patient undergoing treatment for unspecified osteoarthritis, but does not specify the location(s) of the osteoarthritis and does not provide collaborating exam findings or other diagnostic information to support such a diagnosis. As such, the request for Genecin #90 is not medically necessary.