

Case Number:	CM14-0140920		
Date Assigned:	10/10/2014	Date of Injury:	10/20/2010
Decision Date:	11/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 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:

This patient is a 52-year-old male who has developed chronic spinal and left knee pain subsequent to a slip and fall on October 20, 2010. He is described as having visual analogue scale (VAS) scores of 7-10 that involve his cervical, lumbar and left knee regions. His VAS scores have remained the same for greater than 12 months. He has been treated with a left knee meniscectomy, left knee injections, 10 sessions of physical therapy for the his spine and various mediations and compounded topicals. No relief or improvement is documented from treatment. Opioids are not documented to provide relief or functional benefits. There is no detail regarding risk analysis or patterns of use. There has been a recent authorized request for a spinal specialist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10/325mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Discontinue, Page(s): page(s) 79-80..

Decision rationale: The California MTUS Guidelines support the judicious use of Opioid medications when there is at least partial pain relief and functional improvements as a result of use. Neither of these Guideline standards has been met. Under these circumstances, the chronic daily use of opioids is not Guideline supported. Therefore, the request is not medically necessary.

Terocin Patches (#20): Upheld

Claims Administrator 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), Topical Analgesics

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

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. The California MTUS Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. According to the California MTUS Guidelines standards, the compounded Terocin is not medically necessary.

Menthoderm Gel (120gm): Upheld

Claims Administrator 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), Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Page(s): 104.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications

Decision rationale: The California MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a speciality prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. The Official Disability Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Menthoderm Cream is not medically necessary.

Xolido 2% Cream (118ml): Upheld

Claims Administrator 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), Topical Analgesics

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

Decision rationale: The California MTUS Guidelines specifically state that only FDA approved Lidoderm is appropriate for Lidocaine's topical for neuropathic pain. Xolido is a compounded topical containing Lidocaine. Guidelines do not support its use; therefore, the request is not medically necessary.

Compounded Terocin (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, and Lidocaine 2.5%, 120ml): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. The California MTUS Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. According to the California MTUS Guidelines standards, the compounded Terocin is not medically necessary.

Flubi (NAP) Cream-LA (Flubiprofen 20%, Lidocaine 5%, and Amitriptyline 4%, 180-grams): Upheld

Claims Administrator 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), Topical Analgesics

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

Decision rationale: Flubi cream contains ingredients that the California MTUS Guidelines do not recommend for topical use. The topical Flurbiprofen and Lidocaine is not Guideline supported as a compounded blend. The Amitriptyline does not have FDA approval for topical use and any medication without FDA approval for topical use is not supported in the California MTUS Guidelines. Therefore, the request is not medically necessary.

GabaCycloTram (Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%, 180mgs): Upheld

Claims Administrator 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), Topical Analgesics

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

Decision rationale: The California MTUS Guidelines specifically state that if a compounded ingredient is not FDA approved that compound is not recommended. Guidelines specifically address compounded Gabapentin and do not recommend its topical use. Therefore, the request is not medically necessary.

Genicin Capsules (Glucosamine sodium, 550mg, #90): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Glucosamine.

Decision rationale: The California MTUS Guidelines do not address the use of Glucosamine. The Official Disability Guidelines support its use, as there is some evidence of benefit and no evidence of harm. Therefore, the request is medically necessary.

Somnicin Capsules (Melatonin 2mg, 5HTP 50mg, L tryptophan 100mg, Pyridoxin 10mg, Magnesium 50mg, #30): 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), Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods.

Decision rationale: The California MTUS Guidelines do not address the use of medical foods/supplements. The Official Disability Guidelines address this issue and recommend medical foods if there is a diagnosed condition that has proven unique dietary deficiency and the only reasonable method of addressing this deficiency is with a specific unique supplement. These Guideline standards are not met by this patient's condition. Therefore, the request is not medically necessary.

Acupuncture (8-sessions for the lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines supports a trial of 3-6 acupuncture visits to establish functional benefits. This request exceeds Guideline recommendations without supporting rationale. The request for 8 sessions is not consistent with Guidelines and is not medically necessary.

Chiropractic Treatment (8-sessions for the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Page(s): 58..

Decision rationale: The California MTUS Guidelines recommend up to a trial of 6 sessions of chiropractic treatments to establish benefits. This request exceeds the Guideline recommendation without supporting rationale or unique circumstances. The request for 8 sessions of chiropractic is not consistent with Guidelines and it not medically necessary.

Physical Therapy (8-sessions for the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures and Physical Medicine Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Medicine, Page(s): 98, 99..

Decision rationale: The California MTUS Guidelines recommend from up to 8-10 sessions of physical therapy for most chronic conditions with the goal of longer-term rehabilitation to be home based. It is documented that this patient has previously completed 10 sessions of physical therapy and no lasting benefits or follow through home program is documented. The medical necessity of an additional 8 sessions of physical therapy is not documented and there are no unusual circumstances to justify an exception to Guideline recommendations. Therefore, the request is not medically necessary.