MAXIMUS Federal Services

Case Number:	CM14-0153349		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2010
Decision Date:	11/19/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; dietary supplements; muscle relaxants; opioid therapy; a lumbar diskectomy and foraminotomy surgery of May 29, 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 8, 2014, the claims administrator failed to approve a request for Terocin, Menthoderm, Xolindo, and Percocet. The applicant's attorney subsequently appealed. In a May 30, 2014 neurosurgery progress note, the applicant was described as having worsening low back pain. Authorization was sought for multilevel lumbar fusion surgery. On March 12, 2014, the applicant was given prescriptions for Fioricet, Norco, and Percocet, along with a Toradol injection. The applicant's work status was not furnished. On June 9, 2014, the applicant was again given prescriptions for Fioricet, Norco, Colace, Percocet, Terocin, Menthoderm, Xolindo, Theramine, Trepadone, Sentra, and Gabadone. A Toradol injection was again administered. 8/10 low back pain was noted. There was no explicit discussion of medication efficacy. The applicant's work status was not furnished. On August 13, 2014, the applicant again reported 7/10 low back pain radiating to the left lower extremity. A variety of medications were refilled, including Fioricet, Norco, Colace, Flexeril, Percocet, Terocin, Menthoderm, Sentra, Theramine, and a variety of other dietary supplements and topical compounds. Drug testing was again performed. There was no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch #20: 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.

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, it is noted that the applicant has already received Terocin, despite the unfavorable MTUS position on the same and has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Terocin. The applicant seemingly remains off of work. The applicant remains dependent on opioid agents such as Percocet and Norco as well as a variety of dietary supplements such Theramine, Trepadone, and Sentra. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Terocin. Therefore, the request was not medically necessary.

Menthoderm Gel 120mL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical topic,Functional Restoration Approach to Chronic Pain Management section. Pag.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that salicylate topical such as Terocin are indicated in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the applicant is seemingly off of work. The ongoing usage of Menthoderm has failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of the same. Therefore, the request was not medically necessary.

Xolindo 2% Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section,Topical Analgesics topic. Pag.

Decision rationale: As noted on page 111 in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compound such as Xolindo are deemed "largely experimental." In this case, the applicant has already received the Xolindo compound at issue on several occasions, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Xolindo. The applicant remains off of work. Ongoing usage of Xolindo has failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of Xolindo. Therefore, the request was not medically necessary.

Percocet 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic,When to Continue Opioids topic Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. In this case, no rationale for selection and/or ongoing use of two separate short acting opioids, namely Norco and Percocet, was furnished by the attending provider. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant is seemingly off of work. The applicant continues to report pain complaints as high as 7 to 8/10, despite ongoing usage of Percocet. The attending provider has failed to outline any meaningful improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.