

Case Number:	CM14-0178587		
Date Assigned:	10/31/2014	Date of Injury:	10/20/2010
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 pain syndrome, chronic knee pain, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of October 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical medications; opioid therapy; earlier knee arthroscopy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator retrospectively denied a urine drug screen, vitamin B12 injection, cyclobenzaprine, Terocin patches, Methoderm gel, and Calypso cream. The applicant's attorney subsequently appealed. In a progress note dated December 31, 2013, the applicant reported ongoing complaints of neck, low back, and knee pain, 7-8/10. Multiple dietary supplements and topical compounds were endorsed, including Theramine, Sentra, GABAdone, Terocin, a flurbiprofen-containing cream, gabacyclotram, Genicin, and Somnicin. Flexeril, Prilosec, and extracorporeal shock wave therapy were also endorsed. A urine drug screen was performed. On November 21, 2012, it was acknowledged that the applicant was not working and had not worked since January 2011. On August 13, 2014, the applicant reported ongoing complaints of neck, low back, and knee pain, 6-8/10. The applicant was given diagnoses of cervicalgia, lumbar radiculitis, and knee pain status post left knee arthroscopy. Motrin, Norco, cyclobenzaprine, Methoderm, Calypso cream, Terracing patches, a flurbiprofen-containing cream, a gabacyclotram compound, Genicin, and Somnicin were endorsed. Urine drug testing was performed. A vitamin B12 injection was also endorsed. Urine drug test results of September 10, 2014 were reviewed and did seemingly include confirmatory and quantitative testing, along with test for approximately 10-15 different opioid metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DOS: 8/13/14 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Drug Testing topic, an attending provider should attempt to stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not make any such attempt to stratify the applicant into higher and/or lower risk categories for which more or less frequent testing would be indicated. The attending provider, moreover, seemingly performed drug testing one month later, on September 10, 2014. It was not clear why such frequent drug testing was needed here. ODG further notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing. Here, however, the attending provider did not attach the applicant's complete medication list to the request for authorization for testing. ODG also stipulates that an attending provider attempt to conform to the best practices of the [REDACTED] when performing drug testing. Here, however, testing for 10-15 different opioid metabolites did not conform to the best practices of the [REDACTED]. Therefore, the request is not medically necessary.

Retrospective: DOS: 8/13/14 Vitamin B12 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers; Chronic Pain Chapter; Complementary alternative treatments or dietary supplements, etc.

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, Vitamins section

Decision rationale: The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter does note that vitamins are "not recommended" in the treatment of chronic pain if documented nutritional deficiency or nutritional deficit states are absent. Here, there was no mention of any issues with vitamin B12

deficiency which would compel provision of periodic vitamin B12 injections. Therefore, the request is not medically necessary.

Retrospective: DOS: 8/13/14: Cyclobenzaprine 7.5mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle Relaxant Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is "not recommended." Here, the applicant was, in fact, using a variety of other agents, including various and sundry dietary supplements, multiple topical compounds, Motrin, and Norco. Addition of cyclobenzaprine to the mix was not recommended. Therefore, the request is not medically necessary.

Retrospective: DOS: 8/13/14 Terocin Patches: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Norco, etc., effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary.

Retrospective: DOS: 8/13/14: Methoderm Gel 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Functional Restoration Approach to Chronic Pain Management Page(s): 105,. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended 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 his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability.

Ongoing usage of Methoderm has failed to curtail the applicant's dependence on multiple other topical compounds such as Terocin and has likewise failed to diminish the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm. Therefore, the request is not medically necessary.

Retrospective: DOS: 8/13/14: Calypso Cream: Upheld

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

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 and topical compounds such as the Calypso agent at issue are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Motrin, etc., would seemingly obviate the need for the topical compounded Calypso agent. Therefore, the request is not medically necessary.