

Case Number:	CM14-0021831		
Date Assigned:	05/09/2014	Date of Injury:	02/20/2009
Decision Date:	07/23/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 neck pain associated with an industrial injury of February 20, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy over the life of the claim, unspecified amounts of acupuncture, and various dietary supplements. In a September 12, 2013 progress note, the applicant was placed off of work, on total temporary disability. The applicant reported constant neck and shoulder pain, rated at 4-5/10. Prescriptions for Omeprazole, Cyclobenzaprine, Terocin, Ambien, Norco, and numerous topical compounds were endorsed. In a subsequent note dated October 15, 2013, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications, including Ambien, Norco, topical compounds, etc. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

THERAMINE #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition of the ACOEM guidelines, nutrition supplements, dietary supplements, complementary treatments, and/or alternative treatments such as Theramine are not indicated in the treatment of chronic pain as they have not been demonstrated to have had any favorable outcomes or meaningful benefits. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

SENTRA AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition of the ACOEM guidelines, nutrition supplements, dietary supplements, complementary treatments, and/or alternative treatments such as Theramine are not indicated in the treatment of chronic pain as they have not been demonstrated to have had any favorable outcomes or meaningful benefits. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

SENTRA PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition of the ACOEM guidelines, nutrition supplements, dietary supplements, complementary treatments, and/or alternative treatments such as Theramine are not indicated in the treatment of chronic pain as they have not been demonstrated to have had any favorable outcomes or meaningful benefits. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

GABADONE #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition of the ACOEM guidelines, nutrition supplements, dietary supplements, complementary treatments, and/or alternative treatments such as Theramine are not indicated in the treatment of chronic pain as they have not been demonstrated to have had any favorable outcomes or meaningful benefits. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

COMPOUNDED TOPICAL MEDICATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous oral pharmaceuticals, including Norco, effectively obviates the need for the unspecified topical compounded medication which is deemed largely experimental per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TEROCIN PAIN PATCH BOX (10 PATCHES) #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous oral pharmaceuticals, including Norco, effectively obviates the need for Terocin patches which are deemed largely experimental per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.