MAXIMUS Federal Services

| Case Number: | CM14-0037801 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 02/07/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

## 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 and knee pain reportedly associated with an industrial injury of February 7, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; dietary supplements, an earlier knee arthroscopy; and alternative treatment.In a Utilization Review Report dated March 6, 2014, the claims administrator approved a request for Naprosyn, partially certified a request for follow-up evaluations every four to six weeks as one follow-up evaluation, denied a drug screen, denied Norco, denied Theramine, denied Trepadone, denied Sentra, denied Terocin, and denied other topical compounds. An MRI of the knee was also endorsed.The applicant's attorney subsequently appealed.On January 27, 2014, the applicant presented with 7/10 knee pain. The applicant was reportedly working regular duty, it was stated. Norco, Theramine, Trepadone, Sentra AM, Sentra PM, GABAdone, and Menthoderm gel were prescribed. Topical Xolido cream, Terocin, Flurbiprofen cream, Gabacyclotram cream, Genicin (glucosamine), and Somnacin were endorsed. It was suggested that the applicant had some element of arthritic knee pain, at age 49, following earlier knee arthroscopy. The applicant was instructed to return to regular duty work. Drug testing was endorsed via request for authorization dated February 21, 2014. It was not clearly stated when the applicant was last tested.On November 20, 2013, it was again stated the applicant was working regular duty. The applicant reported persistent complaints of knee pain, 9/10. The applicant was using Naprosyn, Prilosec, Terocin, and various topical compounds. Somnacin, an alternative treatment/dietary supplement was also endorsed. MRI imaging of the knee was sought. It was not stated what the purpose of the knee MRI imaging was. In a medical-legal evaluation of October 29, 2013, it was again acknowledged that the applicant was working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up evaluation every 4-6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 341, the frequency of follow-up visit should be dictated by an applicant's work status and/or the severity of symptoms. In this case, the applicant has already returned to regular duty work. Less frequent follow-up visits may therefore be appropriate. The frequency of follow-up visits, thus, should be dictated by the applicant's severity of symptoms, going forward. The attending provider, however, has seemingly sought authorization for follow-up visits every four to six weeks for the life of the claim. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request of follow up evaluation every 4-6 weeks is not medically necessary.

**Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Misuse addition. Decision based on Non-MTUS Citation Official Disability Guidelines UDT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic 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 intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, attending provider should clearly state when an applicant was last tested, attached the applicant's complete medication list to the request for authorization for testing, and, furthermore, state which drug tests and/or drug panels he is testing for and why. In this case, however, none of the aforementioned criteria were met. It was not stated when the applicant was last tested. It was not tested what drug tests and/or drug panels were being sought here. Since several ODG criteria for pursuit of drug testing were not met, the request of Drug Screen is not medically necessary.

**Norco 10/325mg #120:** Overturned

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, these criteria have been made. The applicant has returned to regular work. The applicant did report pain level being reduced from 7/10 to 4/10, with the medications, on an office visit of October 23, 2013. Ongoing usage of Norco, then, has been successful here. Therefore, the request of Norco 10/325mg #120 is medically necessary.

**Theramine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Medical Foods.

**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, Alternate Treatments section.

**Decision rationale:** The MTUS does not address the topic of dietary supplements, complimentary treatments, or alternative treatment such as Theramine. As noted in the Third Edition ACOEM Guidelines, however, dietary supplement such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or functional improvements in the management of the same. No rationale for selection and/or ongoing usage of Theramine in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request of Theramine is not medically necessary and appropriate.

**Trepadone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Medical Foods.

**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, Alternate Treatments section.

**Decision rationale:** The MTUS does not address the topic of dietary supplements, such as Trepadone. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplement such as Trepadone are not recommended in the treatment of chronic pain as they have not been shown to have any meaningful outcomes or benefits in the management of the same. No rationale for selection and/or ongoing usage of Trepadone in the face of the

unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request of Trepadone is not medically necessary.

**Sentra AM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Medical Foods.

**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, Alternate Treatments section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, alternative treatment such as Sentra AM are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits in the treatment of the same. No rationale for provision and/or ongoing usage of Sentra in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request of Sentra AM is not medically necessary.

**Sentra PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Medical Foods.

**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, Alternate Treatments section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, alternative treatment such as Sentra PM are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. No rationale for selection and/or ongoing usage of Sentra PM was proffered in the face of the unfavorable ACOEM position on the same. Therefore, the request of Sentra PM is not medically necessary.

**Terocin patch # 20:** Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, which has been approved through this independent medical review report, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. Therefore, the request of Terocin patch # 20 is not medically necessary.

**Terocin 240ml (Capsaicin 0.025%-Menthyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%) apply thin layer to area 3-4 times a day:** 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 Capsaicin topic and Topical Analgesics topic Page(s): 28,111.

**Decision rationale:** One of the ingredients in the Terocin is capsaicin. However, as noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except for as a last line agent in applicants who have not responded to and/or are intolerant to other treatments. In this case, however, the applicant's ongoing, successful usage of first-line oral pharmaceuticals, including first-line oral Norco, effectively obviates the need for the capsaicin containing topical compound. Since one or more ingredients of the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request of Terocin 240ml (Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%) apply thin layer to area 3-4 times a day is not medically necessary.

**Flurbi NAP cream LA 180gms (Flubiprofen 20%-Lidocaine %5-Amitriptyline4%) apply thin layer to affected area 2-3 times a day:** 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 Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the Flurbiprofen containing agent in question. Therefore, the request of Flurbi NAP cream LA 180gms (Flurbiprofen 20%-Lidocaine %5-Amitriptyline4%) apply thin layer to affected area 2-3 times a day is not medically necessary.

**Gabacyclotram 180gms (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) apply thin layer to affected area 2- times a day:** 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): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request of Gabacyclotram 180gms (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) apply thin layer to affected area 2- times a day is not medically necessary.

**Menthoderm gel #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105.

**Decision rationale:** As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Menthoderm are recommended in the treatment of chronic pain, as is present here. The applicant had demonstrated some benefit in functional improvement with ongoing Menthoderm usage as evinced by his successful return to regular duty work. Continuing the same, on balance, therefore indicated. Accordingly, the request of Menthoderm gel #240 is medically necessary.

**MRI left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1 and 13-3.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 13, Table 13-2, pages 335-336.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-2 does acknowledge that MRI imaging is the test of choice to confirm diagnoses of meniscal derangement/meniscal tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, and/or patellar tendonitis, ACOEM qualifies the recommendation by noting that MRI imaging is indicated only if surgery is being actively considered or

contemplated. In this case, however, the attending provider did not clearly state the date on which the MRI was sought, November 20, 2013, that surgery was being actively considered or contemplated. It was not stated what purpose MRI imaging would serve here. It is not clearly stated whether the applicant would act on the results of the MRI in question and/or consider a surgical remedy were it offered to him. Therefore, the request of MRI left Knee is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat NSAID-induced dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guideline to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, there is no clear evidence of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support provision of Omeprazole. The attending provider wrote on November 25, 2013, that Omeprazole was indicated in the treatment of gastrointestinal irritation but did not specifically state whether (or if) the applicant personally was experiencing any symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. There was no mention of issues with reflux, heartburn, and/or dyspepsia on a progress note of January 27, 2014, either. No rationale for selection and/or ongoing usage of Omeprazole was proffered by the attending provider. It was further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggested an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, it has not been stated whether (or if) Omeprazole has been effectual here and/or for what purpose it is being employed. Therefore, the request of Omeprazole 20mg #60 is not medically necessary.

**Xolido 2% cream:** Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's usage of various or first line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental

topical agents such as Xolido compound in question.  Therefore, the request of Xolido 2% cream is not medically necessary.