

Case Number:	CM14-0043038		
Date Assigned:	08/08/2014	Date of Injury:	07/06/2007
Decision Date:	09/11/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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 knee pain reportedly associated with an industrial injury of July 6, 2007. Thus far, the applicant has been treated with analgesic medications; topical compounds; dietary supplements; earlier total knee arthroplasty; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for several topical compounded drugs and dietary supplements. The applicant's attorney subsequently appealed. In a progress note dated July 23, 2014, the applicant presented with persistent complaints of knee pain, 8/10. The applicant was still using a cane to ambulate. The attending provider stated that the applicant's topical agents were decreasing her pain levels. Naproxen, Prilosec, Terocin, Xolido cream, Sentra, GABAdone, Norco, Terocin, Flurbiprofen, Gabacyclotram, Somnicin, and Genicin (glucosamine) were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, however. In an earlier note dated November 18, 2013, the applicant was described using Naproxen, Terocin, Flurbiprofen, Gabacyclotram, Genicin (glucosamine), Somnicin, and Laxacin. Permanent work restrictions were again renewed. The applicant reported 10/10 pain without medications and 6-7/10 pain with medications. The attending provider did not state functions (if any) were ameliorated with medication usage, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, 9792.20f Page(s): 7, 105.

Decision rationale: Mentherm is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of salicylate topicals to treat chronic pain, as is present here, this recommendation 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 and, furthermore, factor into account "other medications" into the same. In this case, the attending provider did not state why the applicant needs to use so many different topical compounds, including the Mentherm topical agent, the Flurbiprofen containing topical cream, the Gabacyclotram topical cream, the Terocin topical cream, etc., nor has the attending provider clearly outlined any tangible or material improvements in function achieved as a result of ongoing Mentherm usage. The applicant remains off of work. The applicant's permanent work restrictions remain in place, seemingly unchanged, from visit to visit, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.

Somnicin #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments.

Decision rationale: The MTUS does not address the topic of dietary supplements. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as Somnicin are not recommended in the treatment of chronic pain as they have no proven outcomes or meaningful benefits in the treatment of the same. No applicant-specific rationale or medical evidence was proffered so as to offset the unfavorable ACOEM position on dietary supplements. Therefore, the request is not medically necessary.

Genocin #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option in applicants with moderate arthritis pain, especially pain associated with knee arthritis. In this case, the applicant's primary pain generator is, in fact, knee arthritis. While the attending provider has not clearly outlined any material improvements in pain or function with ongoing usage of Genicin (Glucosamine), page 50 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless notes that glucosamine is a low-risk article. Continuing the same, on balance, is likely more appropriate than discontinuing the same. Therefore, the request is medically necessary.

Gabacyclotram 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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, is deemed not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Flurbi Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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 numerous first-line oral pharmaceuticals, including Naproxen and Norco, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Flurbiprofen containing cream in question. Therefore, the request is not medically necessary.

Terocin 20ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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 numerous first-line oral pharmaceuticals, including Naproxen and Norco, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Terocin agent in question. Therefore, the request is not medically necessary.