MAXIMUS Federal Services

Case Number:	CM14-0075575		
Date Assigned:	07/16/2014	Date of Injury:	05/27/2011
Decision Date:	10/02/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year old male was reportedly injured on May 27, 2011. The mechanism of injury is noted as while operating a carjacked, elbow pain developed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of bilateral elbow pain. The physical examination demonstrated a slight decrease to the right upper extremity motor function, tenderness to palpation, and a slight decrease in range of motion. Diagnostic imaging studies objectified no osseous abnormalities on shoulder of an MRI dated November 19, 2013. Previous treatment includes right elbow surgical intervention two times, injection therapies, physical therapy, as well as revision lumbar surgery. A request was made for multiple medications and was not certified in the preauthorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15 % 240 gm 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 Page(s): 111-113.

Decision rationale: When noting the parameters outlined in the Medical Treatment Utilization Schedule (MTUS), topical analgesics are largely experimental and is any compounded product has one element that is not recommended the entire preparation is not recommended. There is no data to suggest the need for a topical non-steroidal. As such, there is insufficient clinical information presented to support the medical necessity of this compounded preparation. Therefore, this request is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical Foods, Section 5 B from the Orphan Drug Act, 21 UFC-360-EE, and B3

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

Decision rationale: This product is a medical food. The parameters noted in the Official Disability Guidelines (ODG) are applied and there is no noted medical literature to support the use of a proprietary band of amino acids. There is no high quality literature to support that GABA has any functionality. Furthermore, there are only the progress notes to suggest any improvement in the overall clinical situation. Therefore, this medical food is not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical Foods, Section 5 B from the Orphan Drug Act, 21 UFC-360-EE, and B3

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

Decision rationale: This is a medical food. The parameters noted in the Official Disability Guidelines (ODG) were applied. It is reported that there is no medical literature to support this medical food/proprietary concoction. Therefore, without any competent and objective evidence based medicine support, there is no medical necessity for this type of intervention.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical Foods, Section 5 B from the Orphan Drug Act, 21 UFC-360-EE, and B3

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

Decision rationale: This is a medical food. The parameters noted in the Official Disability Guidelines (ODG) were applied. It is reported that there is no medical literature support for this medical food/proprietary concoction. Therefore, without any competent and objective evidence based medicine support, there is no medical necessity for this type of intervention.

Cyclobenzaprine 2%/ Flurbiprofen 2% cream 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.