

Case Number:	CM14-0076724		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2012
Decision Date:	12/03/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine, and is licensed to practice in Florida. 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 patient is a 50-year-old female who sustained a work related injury on 10/3/2012 when a box of cucumbers hit her on the back of her head. Since that time she has been diagnosed with having cervicogenic headaches. According to a 5/2014 Orthopedics progress note, she also has the following diagnoses: Multilevel disc herniations of the cervical spine, facet arthropathy of cervical spine, and cervical radiculopathy. She also claims to have had two additional work related injuries that same year on November 16th 2012 and March 27th 2012. On November 16th she stated that a box hit her right wrist and hand. A report states that she supposedly fell on March 27th, but never reported the incident until much later and was never evaluated for any injuries secondary to the fall immediately after it occurred and never took any time off work closely following the fall. (It should be noted that one provided document state that the injury with the box of cucumbers hitting the patients head occurred on 10/3/2012 and another document states that it occurred on 11/16/2012.) She did have an MRI of the cervical spine performed. She has had epidural injections of the cervical spine, but this appears to have long before this most recent injury. No surgery has been performed. This patient has had the following treatment modalities: medications (including Elavil) Acupuncture, and physical therapy. The patient is stated to have last worked on 12/7/2012 and has temporary partial disability and is approved for sedentary work only. A utilization review physician did not approve requests for the following medications: Terocin patch, Omeprazole, Hydrocodone/Acetaminophen, Orphenadrine. A request for further acupuncture treatments was also not approved. Likewise, an independent medical review has been requested to determine the medical necessity of the requested items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch, #2 Boxes: Upheld

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

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

Decision rationale: Terocin contains Methyl Salicylate, Menthol, Capsaicin, and Lidocaine hydrochloride. It is considered a topical analgesic. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This medication Terocin contains Capsaicin, which MTUS guidelines state that it is only recommended "in patients who have not responded or are intolerant to other treatments." Likewise, this request for Terocin is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and Cardiovascular Risk Factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.

Hydrocodone/APAP 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 10-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. This patient does not appear to have returned to work per the provided documentation. There is limited documentation of improved functioning and pain with this particular medication. There is no documentation of a pain management contract or of recent drug screen results. Likewise, this request for Hydrocodone/APAP is not medically necessary.

Orphenadrine Citrate 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Orphenadrine Citrate is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Orphenadrine Citrate is not medically necessary.

Acupuncture 1x8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section

9792.20(e). Section 9792.20 e and f are defined as follows, "(e) "Evidence-based" means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This patient has previously had 24 treatments of Acupuncture. It is subjectively mentioned in the documentation that these treatments have helped her relax. No functional improvement, defined as improvement in activities of daily living or a reduction in work restrictions has been documented. Likewise, this request for further acupuncture treatments is not medically necessary.