

Case Number:	CM14-0089519		
Date Assigned:	07/23/2014	Date of Injury:	03/30/2010
Decision Date:	09/16/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 underlying date of injury in this case is 03/30/2010. The only available documentation provided at this time consists of a urine toxicology report as well as a previous utilization review and a request for independent medical review. A physician review noted that the patient has a history of low back pain and hip pain and that the patient presented with symptoms of numbness from the waist to the upper feet and tenderness to palpation in the lumbar spine with decreased sensation in the lower extremities. This review concluded that multiple medication requests were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain.

Decision rationale: There is very limited information available to interpret the rationale for this request. The California Medical Treatment Utilization Schedule does not discuss genetic testing.

This request appears to be related to genetic testing regarding opioid use. The Official Disability Guidelines/Treatment in Workers' Compensation/Pain discusses DNA testing and states that there is no current evidence to support the use of DNA testing with the diagnosis of pain, including chronic pain. The records do not provide an alternate rationale for this request. This request is not medically necessary.

Xolido 2%: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary.

Topical compound: Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary.

Topical compound: Genecin: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary.

Topical compound: Flurbi: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary.

Topical compound: Gabacyclotram: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states that the use of topical or compound agents requires understanding of the specific analgesic effects of each agent and how it would be

useful for the specific goal required. This guideline also notes that topical agents in general are experimental with few randomized controlled trials to determine efficacy or safety. At this time, there are no physician office notes available, and therefore it is not possible to understand further the rationale or indication for multiple requests for topical medications. Given this limited information, there is no basis to support this request. This request is not medically necessary.