

Case Number:	CM14-0094750		
Date Assigned:	08/11/2014	Date of Injury:	06/12/2012
Decision Date:	11/20/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Internal 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 injured worker (IW) is a 29-year-old man with a date of injury of June 12, 2012. The mechanism of injury was repetitive prepping pallets. He experience pain in his lower back with radiating pain in his upper back and neck, and was unable to walk afterwards. Treatment to date includes cortisone injection last year X 1 to the lumbar spine. He states that it helped his back pain up until a couple weeks ago (noted dated March 24 2014) but also made his neck pain worse. The IW had physical therapy approved for 3 sessions, but was unable to complete due to the pain. The IW had 12 sessions of chiropractic care, which helped with his symptoms a lot. Pursuant to the progress note dated March 28, 2014, the IW presented with complaints of constant neck pain radiating to the left upper extremity with numbness and tingling rated 7/10. There is constant low back pain radiating to the lower extremities with tingling rated 7/10. He has been using oral and topical medications without side effects. Pain without medication is rated as 7-8/10 and with medications pain is rated 5/10. Physical examination revealed decreased cervical and lumbar range of motion with spasms. The record indicated that the IW was given a prescription for Norco, Tizanidine, Omeprazole, Mentoderm gel, Xolindo 2% cream Theramine Sentra AM, Sentra PM, and Gabadone. Diagnostic impressions include neck strain/sprain cervical radiculopathy, thoracic strain/sprain, lumbar strain/sprain, and lumbar radiculopathy. Treatment recommendations include pending authorizations for acupuncture, chiropractic manipulation and start physical therapy. The request for TENS unit is intended to reduce the need for pain medications and increase joint range of motion while the IW participates in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Criteria Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS Unit Criteria

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, the TENS unit is not medically necessary. The guidelines state TENS units are not recommended as a primary treatment modality, however a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria include chronic intractable pain, evidence of other appropriate modalities (including medication and physical therapy) that failed and a treatment plan including specific short and long-term goals of treatment with the tens unit. In this case, the date of injury dates back to 2012. The medical record, however does not clearly document what modalities were provided and completed. The medical documentation states there is pending authorization for acupuncture, chiropractic manipulation, and to start physical therapy. A tens unit, one month rental, might certainly be appropriate; however, there is no clinical documentation to support its use. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the TENS unit is not medically necessary.

Tizanidine 4mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants,

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine is not medically necessary. Muscle relaxants, non-sedating, are recommended with caution as a second line option for short-term treatment of acute low back pain. They may be effective in reducing pain and muscle tension; however, in most low back pain cases they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall management. Sedation is the most common side effect. In this case, it is unclear how long the patient has been on this medication according to the documentation. As noted above, Tizanidine is meant to be taken short-term. Physical examination includes spasms; however, it is unclear whether these are acute or chronic in nature for which a short-term muscle relaxant is appropriate. Consequently, Tizanidine is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tizanidine is not medically necessary.

Menthoderm Gel, QTY: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm is not medically necessary. The guidelines state topical analgesics have few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mentoderm contains methyl salicylate and menthol. In this case, menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Mentoderm is not medically necessary.

Xolindo Cream, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xolindo is not medically necessary. Xolindo is a topical formulation of lidocaine. The guidelines state there are a few controlled trials to determine efficacy and safety for topical analgesics. The criteria for use of topical lidocaine includes, but is not limited to, continued outcomes should be intimately measured and this improvement does not continue lidocaine topical should be discontinued. In this case, there is one progress note by the treating physician dated March 28, 2014. The current medications include Xolindo and it is unclear as to the duration for this medication based on the documentation. There is no way to determine whether progress has been intermittently measured and improvement has to or has not occurred. Consequently, based on the lack of information in the medical record, the Xolindo is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Xolindo is not medically necessary.

Theramine, QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Medical foods

Decision rationale: Pursuant to the Official Disability Guidelines, Theramine is not medically necessary. Medical foods are not recommended for chronic pain. They are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In addition per the Official Disability Guidelines (ODG), there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition for individuals with choline deficiency secondary to liver deficiency. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Theramine is not medically necessary

Sentra PM, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Medical foods

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), Sentra are not medically necessary. Medical foods are not recommended for chronic pain. They are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In addition per the ODG, there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition for individuals with choline deficiency secondary to liver deficiency. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines Sentra is not medically necessary.

Gabadone, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Medical foods

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), Gabadone are not medically necessary. Medical foods are not recommended for chronic pain. They are not recommended for treatment of chronic pain as they have not been shown to produce meaningful

benefits or improvements in functional outcomes. In addition per the ODG, there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition for individuals with choline deficiency secondary to liver deficiency. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabadone is not medically necessary.