

Case Number:	CM14-0204973		
Date Assigned:	12/17/2014	Date of Injury:	11/16/2011
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 low back pain reportedly associated with an industrial injury of November 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; dietary supplements; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated November 21, 2014, the claims administrator approved 30-day trial of a TENS unit, internist consultation, urine drug screen, omeprazole, and gabapentin while denying several topical compounded creams, dietary supplements, cyclobenzaprine, and Percocet. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines in its determination, along with an RFA form of November 12, 2014, progress note of September 12, 2014, and progress notes of October 14, 2014 and September 16, 2014. The applicant's attorney subsequently appealed. In an August 15, 2014 progress note, the applicant reported heightened complaints of low back pain radiating into legs. The applicant was using Norco, Percocet, Lopressor, and unspecified hypertensive medications. The applicant was asked to pursue a pain management referral while remaining off of work, on total temporary disability. On July 23, 2014, the applicant reported persistent complaints of low back pain radiating into the legs with ancillary complaints of neck pain and mid back pain. Work restrictions endorsed by a medical-legal evaluator were endorsed, along with an internist consultation for alleged hypertension. The applicant's blood pressure was not, however, documented. In an applicant questionnaire dated August 15, 2014, the applicant acknowledged that he had last worked on April 23, 2012 and was concurrently receiving care from multiple providers. On August 5, 2014, the applicant reported persistent complaints of low back and left leg pain. Lumbar MRI imaging and electrodiagnostic testing were sought. 8/10 low back and left leg pains were reported. The applicant was using Norco, Lopressor, and Zestril, it was

acknowledged. On September 2, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. In a pain management consultation dated September 12, 2014, the pain management consultant again reiterated that the applicant had not worked since April 2012. Persistent complaints of low back pain were evident. The applicant was having difficulty performing activities of daily living as basic as lifting, standing, bending, and squatting, it was acknowledged. The applicant was given prescriptions for Percocet, Flexeril, Neurontin, several dietary supplements, and several topical compounds. Genetic testing, TENS unit, and an internist consultation were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calypso Cream 113 Grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the Calypso Cream cream at issue, the ingredients of which, it is incidentally noted, were not identified by the attending provider. Therefore, the request was not medically necessary.

Menthoderm Gel 120 Grams: Overturned

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

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

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentoderm are recommended in the treatment of chronic pain as was/is present here on or around the date in question, September 12, 2014. The request at issue did represent a first-time request for Mentoderm. Introduction of the same was indicated on or around the date in question. Therefore, the request was medically necessary.

Terocin Pain Patch Box #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the secondary ingredient in the compound at issue, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, there was no clear or compelling evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing topical compound at issue. Therefore, the request was not medically necessary.

Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain, Dietary Supplements section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Trepadone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, the requesting provider, a chronic pain physician, did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Theramine #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines, Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider's progress note of November 12, 2014 did not contain any applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Medications for Chronic Pain Page(s): 41; 60.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including opioids such as Percocet, adjuvant medications such as Neurontin, dietary supplements, topical agents such as Methoderm, etc. Addition of cyclobenzaprine to the mix is not recommended, particularly in light of the fact that page 60 of the MTUS Chronic Pain Medical Treatment Guidelines states that a trial should be given for each individual medication. The concurrent request for 7-10 different analgesic medications and dietary supplements, by implication, does not allow for a trial of each individual medication. The 60-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Percocet 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management When to Continue Opioids Page(s): 78; 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the applicant was given concurrent prescriptions for Norco and Percocet on August 15, 2014. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an applicant receive all opioid medications from the same prescriber. Here, the applicant received Norco and Percocet from one prescriber on August 15, 2014 and went on to receive Percocet from yet another provider on September 12, 2014. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has not worked since April 2012, the applicant's pain physician acknowledged on a consultation dated September 12, 2014. The attending providers have likewise failed to identify or articulate any meaningful improvements in function or quantifiable decrements in pain achieved as a result of ongoing opioid therapy, including ongoing Percocet therapy. Therefore, the request was not medically necessary.