

Case Number:	CM14-0206948		
Date Assigned:	12/18/2014	Date of Injury:	06/14/2007
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 neck pain, shoulder pain and headaches reportedly associated with an industrial injury of June 14, 2007. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for butalbital, invoking non-MTUS ODG Guidelines despite the fact that the MTUS addressed the topic; denied a request for topical Terocin; and denied a request for a TENS unit 30-day rental. The claims administrator referenced an August 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant reported issues with neck pain, shoulder pain, insomnia, chronic pain syndrome, and major depressive disorder. Permanent work restrictions and unspecified medications were renewed. The applicant's attorney subsequently appealed. On November 21, 2014, four sessions of cognitive behavioral therapy were sought. On January 9, 2015, the applicant was given prescriptions for dietary supplements, topical compounds, and Medrox patches owing to ongoing complaints of neck pain, back pain and headaches with derivative complaints of anxiety, 8/10. The applicant's work status was not furnished, although it did not appear that the applicant was working. On August 27, 2014, the applicant reported 6 to 8/10 headaches, neck pain and bilateral upper extremity pain. The applicant was status post earlier shoulder surgery. A 30-day trial of a TENS unit was sought to facilitate the applicant's performances of home exercises. Xolido cream, Prilosec, menthoderin, Sentra, Gabadone, butalbital, Ambien, and Terocin were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a progress note dated September 4, 2014, the applicant was described as using Prilosec, Naprosyn, Ambien, hydrocodone, Neurontin, butalbital, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental 30 day trial with supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114 and 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are indicated in the treatment of chronic intractable pain of greater than three months' duration in injured workers in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the injured worker was/is seemingly off of work, despite having used a variety of analgesic and adjuvant medications over the course of the claim, including butalbital, Norco, Naprosyn, Ambien, topical compounds, dietary supplements, etc. A trial of a TENS unit to facilitate the injured worker's performance of home exercises, thus, is indicated here. Therefore, the request is medically necessary.

Terocin 120ml: 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 (NLM), is an amalgam of methyl salicylate, capsaicin, menthol and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the secondary ingredient in the compound at issue, is not recommended except as a last-line agent, in injured workers who have not responded to and/or are intolerance of other treatment. Here, however, the injured worker's ongoing usage of multiple other first-line oral pharmaceuticals, including Naprosyn, Norco, Neurontin, etc., effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.

Butalbital/APAP/Caffeine #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), Fioricet

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics, such as butalbital are "not recommended" in the chronic pain context present here. In this case, the injured worker is seemingly using butalbital for several years, despite the unfavorable MTUS position on the same. In addition, there is a lack of documentation of injured worker-specific rationale or medical evidence to support the continued use. Therefore, this request is not medically necessary.