

Case Number:	CM15-0169244		
Date Assigned:	09/09/2015	Date of Injury:	03/15/2012
Decision Date:	10/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 54 year old female who sustained an industrial injury on 03-15-2012. Diagnoses include lumbar spine musculoligamentous strain-sprain with radiculitis, rule out lumbar spine discogenic disease, lumbar spine radiculopathy, per Electromyography-Nerve Conduction Velocity dated 09-08-2014, left knee internal derangement-osteoarthritis per Magnetic Resonance Imaging dated 03-05-2015, status post left knee surgery with residuals dated 06-20-2013, left knee osteoarthritis, and failure of conservative treatment and situational depression. Physician progress notes dated 04-22-2015 to 07-15-2015 documents the injured worker complains of pain in the lower back and left knee. She rates her pain at 6 out of 10 on the Visual Analog Scale, which has decreased from 7 out of 10 on the last visit. There is tenderness to palpation over the lumbar paraspinal muscle which is the same from her last visit and she has restricted range of motion and straight leg raise is positive. Her left knee has tenderness to palpation and it is the same since her last visit. She ambulated with a cane. She is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, and Synvisc injections to her left knee. On 07-15-2015, the treatment plan includes aquatic therapy of the lumbar spine and left knee 3 times a week for 4 weeks, and a follow up visit in about a month. On 08-10-2015, the Utilization Review modified the request for Tramadol 50mg #45, to Tramadol 50mg #45 for weaning purposed or allow for submission of more detailed and more specific clinical information supporting continued use of this medication. A Utilization Review dated 01-26-2015 weaning of Tramadol was modified for weaning purposes. Theramine #90 (unspecified dosage) was non-certified because a specific

rationale as to why Theramine would be indicated for this injured worker despite lack of guideline support was not provided. ODG state that Theramine is not recommended. Terocin Patch #30 (unspecified dosage) was not certified due to no discussion that the patient filed treatment with a first-line agent such as Gabapentin, and there was no documentation that the injured worker was unable to take oral medications. Gabacyclotram 180gm (unspecified quantity) was non-certified due to "any compounded product that contains at least one drug) or drug class) that is not recommended is not recommended". Flurbi (nap) cream 180gm (unspecified quantity) was non-certified due to "any compounded product that contains at least one drug) or drug class) that is not recommended is not recommended".

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90 (unspecified dosage): 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) Treatment index, 13th Edition (web) 2015 (pain chapter-Theramine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM is silent on the issue of theramine. According to the ODG Pain chapter, regarding Theramine states that it is not recommended, as there is a lack of high quality studies supporting usage. Therefore, the request is not medically necessary.

Terocin Patch #30 (unspecified dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the request is not medically necessary. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." International journal of sports physical therapy 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis.

Fluribi (nap) cream 180gm (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the request is not medically necessary. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended.

Gabacdotram 180gm (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore the request is not medically necessary. Gabapentin is not recommended for topical use.

Tramadol 50mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary.