

Case Number:	CM15-0052117		
Date Assigned:	03/25/2015	Date of Injury:	08/23/2014
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old female who reported an injury on 08/23/2014. The injured worker reportedly suffered a lower extremity injury when she was pushing a tricycle and her right foot slipped, causing her to strike her right shin on the tricycle. The current diagnoses include right shin contusion and tenosynovitis of the right ankle. The injured worker presented on 01/28/2015 for a followup evaluation. The injured worker reported persistent lower extremity pain with activity limitation. The injured worker was utilizing ibuprofen. Upon examination, there was a small healed abrasion scar over the right shin with tenderness and hypertonicity to palpation over the right tibialis anterior. There was normal range of motion, 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes. Recommendations at that time included continuation of ibuprofen 800 mg, as well as a prescription for Terocin pain patch, Terocin cream, flurbinap cream, gabacyclotram cream, Genicin, and Somnicin. Authorization for 6 sessions of physical therapy for the right shin/ankle was also recommended, as well as a 1 month trial of a TENS unit. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Ankle, 8 sessions (2 times weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. The injured worker demonstrated normal range of motion, 5/5 motor strength, 2+ deep tendon reflexes, and intact sensation. The medical necessity for skilled physical medicine treatment has not been established in this case. Therefore, the request is not medically appropriate.

TENS (transcutaneous electrical nerve stimulation) unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. In this case, there was no evidence of a failure of other appropriate pain modalities, including medication. There was no documentation of chronic intractable pain. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.

Genicin, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine as an option given the low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested medication has not been established. In addition, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

Somnicin Qty 30: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. There was no indication of a nutritional deficit. The medical necessity for the requested medication has not been established in this case. In addition, there is no frequency listed in the request. Given the above, the request is not medically appropriate.

Flurbi (NAP) Cream LA 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a compounded cream containing flurbiprofen is not medically appropriate. In addition, there was no frequency listed in the request. Given the above, the request is not medically necessary.

Gabacystotram 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Muscle relaxants are also not recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically necessary.

Terocin 240 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Lidocaine is not recommended in the form of a cream, lotion, or a gel. Therefore, the current request for a compounded medication containing topical lidocaine would not be supported. In addition, there was no frequency listed in the request. As such, the request is not medically necessary.

Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Capsaicin Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin in a 0.025% formulation is only recommended as a treatment for osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. In addition, there was no frequency or quantity listed in the request. Therefore, the request is not medically appropriate.

Terocin Pain Patch Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. In addition, there is no frequency listed in the request. Given the above, the request is not medically appropriate.