MAXIMUS Federal Services

Case Number:	CM14-0137780		
Date Assigned:	09/05/2014	Date of Injury:	06/14/2013
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/26/2014

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 pain syndrome reportedly associated with an industrial injury of June 14, 2013.In a Utilization Review Report dated July 28, 2014, the claims administrator denied a request for Tramadol, Xylitol, Menthoderm, Terocin, Genicin, Glucosamine, Somnicin, and several topical compounds while approving prescriptions for naproxen and Omeprazole.In a May 9, 2014 progress note, the applicant reported persistent complaints of pain, 5-8/10. The attending provider posited that the applicant's pain levels had dropped from 8/10 without medications to 5/10 with medications. Naproxen, Prilosec, Terocin, and several topical compounds were endorsed, along with various dietary supplements. The applicant was placed off of work, on total temporary disability, through July 23, 2014. It was stated that the applicant was pending carpal tunnel release surgery. Carpal tunnel syndrome was given as operating diagnosis on this occasion.On an April 25, 2014 progress note, the applicant reported persistent complaints of wrist pain, again ranging from 5-8/10. Tramadol, Naproxen, Terocin, Menthoderm, and several topical compounds were endorsed, along with a wrist brace. The applicant was placed off of work, on total temporary disability, through June 23, 2014.On March 3, 2014, the applicant reported 8/10 pain. In one section of the report, the attending provider posited that ongoing usage of topical cream was diminishing the applicant's pain allowing the applicant to continue working. At the bottom of the report, however, the applicant was placed off of work, on total temporary disability, through May 26, 2014. A TENS unit, Terocin, Naproxen, Prilosec, Menthoderm, and several topical compounds and dietary supplements including a Flurbiprofen-containing cream, Gabacyclotram, Genicin, and Somnicin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 (retro - dispensed 3/31/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Tramadol usage. While some of the progress notes, referenced above, has suggested that the applicant's pain levels had temporarily dropped with ongoing medication usage, this incidental drop in pain levels from 8/10 to 5/10 is outweighed by the applicant's failure to return to any form of work and the attending provider's lack of any commentary on improvement in terms of activities of daily living. Therefore, the request was not medically necessary.

Xolido 2% Cream (retro - dispensed 3/31/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/terocin.html

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 no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the Xolido topical compound at issue. Therefore, the request was not medically necessary.

Menthoderm Gel #240 (retro - dispensed 3/31/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/terocin.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic. Page(s): 7, 105.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of salicylate topicals such as Menthoderm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS

Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline any tangible material benefits achieved as a result of ongoing Menthoderm usage. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid agents such as Tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Menthoderm. Therefore, the request was not medically necessary.

Terocin Pain Patch #20 (retro - dispensed 3/31/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/terocin.html

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 such as Terocin, as a class, are deemed "largely experimental." In this case, there was and are no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of topical compounds such as Terocin. Therefore, the request was not medically necessary.

Genicin #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 Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatments such as Genicin are "not recommended" in the treatment of chronic pain as they have not been demonstrate to have any meaningful benefits or favorable outcomes in the treatment of the same. Therefore, the request was not medically necessary.

Glucosamine Sodium 500mg: Upheld

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

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

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is indicated in the treatment of pain associated with arthritis and, particularly, knee arthritis. In this case, however, the applicant's primary pain generator is wrist carpal tunnel syndrome. There was no evidence of any active issues with arthritis, let alone knee arthritis, which would compel provision of glucosamine. Therefore, the request was not medically necessary.

Somnicin #30 capsules: Melatoni 2mg, 5HTP 50mg, L Tryptophan 100mg, Pyridoxine 10mg, Magnesium 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.napharm.com/compound-anxietyinsomnia/http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=35944

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section. ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are no

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, complementary treatments, alternative treatments, and/or dietary supplements such as Somnicin are "not recommended" in the chronic pain context present here. No rationale for selection and/or ongoing usage of Somnicin in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request was not medically necessary.

Gabacyclotram 180gms: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Terocin 240ml: Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/terocin.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of firs-line oral pharmaceuticals so as to compel provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as Terocin. Therefore, the request is not medically necessary.

Flurbi (NAP) Cream - LA 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,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 and topical compounds, as a class, are deemed "largely experimental." In this case, there is, furthermore, no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the Flurbiprofen-containing topical compound at issue. Therefore, the request is not medically necessary.