

Case Number:	CM14-0210124		
Date Assigned:	12/23/2014	Date of Injury:	10/20/2010
Decision Date:	02/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52-year-old male with a date of injury of 10/20/2010. According to progress report dated 06/10/2014, the patient presents with left leg, right hand, left knee, and bilateral low back pain. With medications, the patient states the least pain is 6/10 and average pain is 6/10 and worst pain is 10/10. Without medications, the patient rates pain as 10/10 on average. Examination revealed joint stiffness and joint pain in the lower back. The patient complains of numbness, balance problems, tingling sensation and weakness. There are leg cramps during exertion noted. The patient current medication includes Percocet, Topamax 50 mg, Celexa, and Voltaren gel. According to progress report dated 11/06/2014, the patient presents with moderate constant neck pain that is rated as 7/10. The patient reports radiating pain down the right upper extremity and numbness and tingling in the right arm. The low back pain symptoms are worse than before and the patient complains of intense left leg and lateral thigh pain. The patient is not working and remains on temporary total disability. Examination of the cervical spine revealed decreased range of motion on all planes. Examination of the lumbar spine revealed decreased range of motion and tenderness noted along the lumbar spine and sacroiliac joint. Examination of the left knee revealed tenderness to palpation along the patellar fossa and flexion is 80 degrees and extension is 0 degrees. There is decreased sensation to light touch and pinprick along the L5 and S1 sensory dermatome bilaterally. The listed diagnoses are: 1. Cervicalgia. 2. Lumbar radiculitis. 3. Status post arthroscopy, left knee. The patient was given a refill of medications and instruction to follow up in six weeks. The utilization review denied the request on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Pain Patch, QTY: 20 (DOS: 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: This patient presents with neck, low back, left leg, right hand, and left knee pain. The current request is for Terocin patch QTY #20 (DOS 06/18/2014). Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113 under topical analgesic state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS Guidelines supports the usage of salicylate topical for osteoarthritis and tendonitis in particular of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with chronic knee and joint pain for which this topical treatment is indicated for; however, recommendation cannot be used as the medical records indicate the patient has been utilizing Terocin patches as early as 05/21/2014 with no documentation of efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, the requested Terocin patch is not medically necessary.

Retrospective request for Methoderm Gel 120g, QTY: 1 (DOS: 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: This patient presents with chronic neck, low back, left leg, right hand, and left knee pain. This is a retrospective request for Methoderm gel 120 g QTY: 1 (DOS: 06/18/2014). Methoderm gel contains menthol and methyl salicylate, and NSAID. MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. This patient presents with left knee and joint pain for which this medication is indicated for. Recommendation for further use cannot be supported as the treating physician has provided no discussion regarding its efficacy. Review of the medical documents indicates the patient has been utilizing Methoderm gel as early as 04/23/2014. Given the lack of discussion regarding efficacy as required on page 60 of the MTUS guidelines, the requested Methoderm is not medically necessary.

Retrospective request for Xotido 2% cream 118 ml. QTY: 1 (DOS: 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60.

Decision rationale: This patient presents with chronic neck, low back, left leg, right hand, and left knee pain. This is a retrospective request for xotido 2% cream 118 mL. QTY: 1 (DOS: 06/18/2014). The utilization review denied the request stating that there is no documentation of the patient's intolerance if these were similar medications to be taken on an oral basis. The ACOEM, MTUS, and ODG Guidelines do not discuss "exotido" topical cream. A search on the web provides no discussion regarding this medication. It is unclear what this topical cream is intended for and there is no discussion regarding its medical necessity. Review of the medical file indicates the patient has been utilizing his medication since at least 04/29/2014. Recommendation for further use cannot be supported as it is unclear what ingredients this topical agent consist of. Furthermore, MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain and there is no discussion of its efficacy. The requested exotido is not medically necessary.

Retrospective request for Qualitative drug screen, QTY: 1 (DOS: 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: This patient presents with chronic neck, low back, left leg, right hand, and left knee pain. This is a retrospective request for quantitative drug screen QTY: 1 (DOS: 06/18/2014). The MTUS Guidelines page 76, under opiate management: (j) "consider use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening with the first 6 months of management of chronic opiate use in low-risk patients. The patient's medication regimen includes multiple topical creams, medical foods, Tramadol, cyclobenzaprine, and ibuprofen. Given the patient's opioid intake, a urine drug screening to monitor for compliance is within ODG Guidelines. Review of the medical file indicates the patient was administered a urine drug screen from 01/15/2014. In this case, ODG states that once yearly random screening is sufficient for low-risk patients. The requested quantitative drug screen DOS 06/18/2014 is not medically necessary.

Retrospective request for Combination 60mg Toradol and B12 injection, QTY: 1 (DOS: 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketorolac (Toradol) Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA vitamin B-12 injection Number: 0536.

Decision rationale: The MTUS, ACOEM, and ODG Guidelines do not discuss vitamin B12 injections. However, Aetna considers vitamin B-12 injection medically necessary only for patients with current or previously documented B-12 deficiency and any of the following diagnoses and conditions including anemia, gastrointestinal disorders, neuropathy, dementia secondary to B-12 deficiency, etc. In this case, the patient does not meet the criteria given by Aetna for vitamin B12 therapy and Toradol injection is not supported as treatment for chronic painful conditions. The requested injection is not medically necessary.