MAXIMUS Federal Services

Case Number:	CM15-0128829		
Date Assigned:	07/15/2015	Date of Injury:	01/08/2009
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43 year old male, who sustained an industrial injury on January 8, 2009. The injured worker was diagnosed as having chronic post-surgical low back pain, lumbar fusion, lumbar radiculopathy, chronic post-surgical pain of right shoulder, chronic left knee pain, chondromalacia, cervical radiculitis, left triceps and extensor tendinitis, left wrist tendinitis and depression. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated June 10, 2015 provides the injured worker complains of physical exam notes use of a walker for ambulation, decreased shoulder range of motion (ROM) with tenderness, lumbar and sacroiliac tenderness on palpation with decreased sensitivity on the right L4-L5. There is tenderness of the left elbow and knee. There is a request for oral and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30, date of service 5/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 111.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.

Genicin 500mg #90, date of service 5/12/15: 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 Glucosamine Page(s): 50.

Decision rationale: Genicin (glucosamine) have been used to treat pain in arthritis. There is a need for more clinical information about the patient's condition and the rationale behind the request for Genicin before determining medical necessity. There is no documentation of arthritis. Therefore, the request for Genicin 500mg #90 is not medically necessary.

Flurbi (Nap) cream LA 180gms, date of service 5/12/15: Upheld

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

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

Decision rationale: Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Flurbi (NAP) Cream-LA is not medically necessary.