

Case Number:	CM15-0099512		
Date Assigned:	06/02/2015	Date of Injury:	03/29/2012
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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

Certification(s)/Specialty: Emergency 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 60-year-old female who sustained an industrial injury on 3/29/12. The injured worker was diagnosed as having chronic right knee strain/sprain, right knee surgery and chronic lumbar sprain/strain. Currently, the injured worker was with complaints of right knee pain and lower back pain with radiation to the lower extremities. Previous treatments included status post right knee surgery (April 2013), medication management, heat, home exercise program and activity modification. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch, Qty 20: Upheld

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

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

Decision rationale: The requested Terocin pain patch, Qty 20, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right knee pain and lower back pain with radiation to the lower extremities. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin pain patch, Qty 20 is not medically necessary.

Theramine, Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (online version) - 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 (Chronic) Chapter, Medical Food.

Decision rationale: The requested Theramine, Qty 90, is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has right knee pain and lower back pain with radiation to the lower extremities. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine, Qty 90 is not medically necessary.