

Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

IMR Case Number:	CM13-0011853	Date of Injury:	10/31/2006
Claims Number:	██████████	UR Denial Date:	7/26/2013
Priority:	Standard	Application Received:	8/15/2013
Employee Name:	██		
Provider Name:	██████████		
Treatment(s) in Dispute Listed on IMR Application:	Pharmacy purchase for synovacr 500 mg #270 and terocin		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old female who reported a work related injury on 10/31/2006. She slipped and fell at work, causing low back and right leg pain. The patient was diagnosed with right L5-S1 herniated disc with lumbar radiculopathy and back pain. She is status post L5-S1 decompressive lumbar laminotomy and L5-S1 discectomy, medial facetectomy, foraminotomy, and discectomy. The patient continues to have low back pain and is diagnosed with lumbosacral radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Synovacn (glucosamine) 500mg #270 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM and Chronic Pain.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 50, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Per neurosurgical consultation dated 06/12/2013, the patient was noted to have an abnormal gait and limped. Straight leg raise was positive on both sides, with no weakness noted, no sensory loss to pin prick, and bilateral knee and ankle jerks were sluggish. Back motion was painful on lateral bending. The impression was noted as cauda equina impingement at the L3-4 level, mild spondylolisthesis, disc degeneration, and a right paracentral disc-osteophyte complex at the L5-S1 level. The clinical note dated 07/18/2013 stated the patient complained of difficulty sleeping due to pain. Objective findings included straight leg raising was positive on the right with decreased strength in the bilateral lower extremities due to pain. Decreased sensations were

noted on the right L5-S1 distribution and absent right ankle jerk was noted. The patient needed refills of her pain medications. The clinical note dated 09/19/2013 stated the patient had a repeat lumbar spine MRI done. She reported that Nucynta was less effective for breakthrough pain, and the option of adding Gralise for neuropathic pain was discussed. Pain level was noted at 7/10 in right S1 distribution. California Medical Treatment Guidelines recommend glucosamine as an option given its low risks, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient's diagnoses are listed as lumbosacral spondylosis, spinal stenosis, lumbosacral disc degeneration, postlaminectomy syndrome, and lumbosacral neuritis. In the submitted documentation for review, the patient was not noted to have a diagnosis of arthritis and did not show any symptoms of arthritis pain, per the guideline recommendations for glucosamine. Glucosamine is especially noted to have positive outcomes for knee osteoarthritis. The physical exam findings in the submitted documentation do not support the use of glucosamine for the patient. Therefore, the request for Synovacn (glucosamine) 500mg #270 is non-certified.

2. Terocin New #120 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM and Chronic Pain.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Per neurosurgical consultation dated 06/12/2013, the patient was noted to have an abnormal gait and limped. Straight leg raise was positive on both sides, with no weakness noted, no sensory loss to pin prick, and bilateral knee and ankle jerks were sluggish. Back motion was painful on lateral bending. The impression was noted as cauda equina impingement at the L3-4 level, mild spondylolisthesis, disc degeneration, and a right paracentral disc-osteophyte complex at the L5-S1 level. The clinical note dated 07/18/2013 stated the patient complained of difficulty sleeping due to pain. Objective findings included straight leg raising was positive on the right with decreased strength in the bilateral lower extremities due to pain. Decreased sensations were noted on the right L5-S1 distribution and absent right ankle jerk was noted. The patient needed refills of her pain medications. The clinical note dated 09/19/2013 stated the patient had a repeat lumbar spine MRI done. She reported that Nucynta was less effective for breakthrough pain, and the option of adding Gralise for neuropathic pain was discussed. Pain level was noted at 7/10 in right S1 distribution. The request is for Terocin, which is a topical agent that contains methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient was not noted to have a trial of an antidepressant or anticonvulsant for her pain in the submitted clinical documentation. In addition, many topical agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin contains topical lidocaine, which, in 02/2007, the FDA notified consumers and health care professionals of the potential hazards of the use of topical lidocaine. Systemic exposure was highly variable among patients. Only FDA approved products are currently recommended. As such, the request for Terocin New #120 is non-certified.

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