

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0025388	Date of Injury:	09/28/2004
Claims Number:	[REDACTED]	UR Denial Date:	09/12/2013
Priority:	STANDARD	Application Received:	09/17/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

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, [REDACTED]

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, ankle, low back, knee, and foot pain reportedly associated with an industrial injury of September 28, 2004.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; topical compounds; a prior right total knee arthroplasty; several left knee viscosupplementation injections; attorney representation; and transfer of care to and from various providers in various specialties.

In a utilization review report of September 12, 2013, the claims administrator partially certified a request for Norco, certified a request for Cymbalta, certified a request for Ambien, non-certified a request for Terocin, and certified a vascular surgery consultation. Norco was apparently partially certified for weaning purposes.

The applicant's attorney later appealed, on September 17, 2013.

A note of September 13, 2013 is notable for comments that the applicant reports pretty severe knee pain. Left knee tenderness and crepitation are appreciated. The applicant is given a third viscosupplementation injection. The applicant's permanent work restrictions are apparently renewed. It does not appear that the applicant has returned to work with said limitations in place.

An earlier medical-legal report of August 19, 2013 is also reviewed. The applicant reports multifocal pain complaints, 6 to 7/10. It is stated that the applicant has pain all the time. The applicant is having difficult doing house work activities and for walking

more than one block. The applicant states that his medications result in diminution of pain, which ranges from 5 to 8/10.

IMR DECISION(S) AND RATIONALE(S)

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

1. Norco 10/325mg #210 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improve functioning, and/or reduced pain effected through ongoing opioid usage. In this case, however, there is no evidence that the applicant meets the aforementioned criteria. While there is some reported evidence of pain reduction effected through medication usage, there is no evidence of improved performance of activities of daily living. The applicant is still having difficulty walking for greater than one block, it is stated. There is no evidence that the applicant has returned to work. Thus, on balance, only one of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, namely reduction in pain, has seemingly been met. This has not, furthermore, been clearly quantified. This is outweighed, more importantly, the applicant's failure to return to any form of work and continued difficulty in terms of performance of non-work activities of daily living. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

2. Terocin lotion 2.5-0.02510% 120gm #2 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

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 also based his/her decision on <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0-4a4a-adee-670073e4b22c>, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

As noted by the National Library of Medicine, Terocin is an amalgam of methyl salicylate, capsaicin, and menthol. In this case, one of the ingredients in the compound, however, capsaicin is considered a last-line agent on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, to be recommended only when all other analgesic and adjuvant medications have been tried and/or failed. In this case, however, it is noted that the applicant is using numerous other oral analgesic and adjuvant

medications, including Cymbalta. There is no evidence of poor response to and/or failure of numerous first-line oral analgesic and adjuvant medications. The unfavorable recommendation on capsaicin results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains non-certified, on independent medical review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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