

Case Number:	CM13-0006264		
Date Assigned:	08/27/2013	Date of Injury:	02/28/2008
Decision Date:	01/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/02/2013

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 New York, North Carolina, and Pennsylvania. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient was injured 10/20/04 when working as a shuttle driver for an automotive dealership, when he slipped and fell. He has low back pain (ICD 724.2) and has requested Terocin lotion 240 ml; Glucosamine 500 mg (#90); Compound drug (#1); Compound Drug (#1); Laxacin 8.6 mg - 50 mg; and Somnicin, no strength specified (#30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240ml QTY: 1: Upheld

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

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

Decision rationale: Terocin lotion composition: methyl salicylate 25 mg in 100 ml; capsaicin 0.025 g in 100 ml; menthol 10 g in 100 ml and lidocaine hydrochloride 2.5 g in 100 ml. Capsaicin Final Determination Letter for IMR Case Number [REDACTED] Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered

experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Lidocaine is a local anesthetic. See CRPS, medications; CRPS, sympathetic and epidural blocks; Topical analgesics. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Indication: Neuropathic pain Recommended (Lidoderm) for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) Salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. (p. 111 of Chronic Pain Treatment Guideline) Menthol is not recommended as a topical agent, and hence cannot be approved in a compounded one. There is no current medical information available for review supporting the use of this medication.

Glucosamine 500mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Glucosamine/Chondroitin Page(s): 50.

Decision rationale: Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007). Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy Final Determination Letter for IMR Case Number [REDACTED] related to symptomatic improvement continues. Differences in results originate from the differences in products, study design and study populations. Symptomatic efficacy described in multiple studies performed with glucosamine sulphate (GS) support continued consideration in the OA therapeutic armamentarium. Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets. (Reginster, 2007) There is no current medical information available for review supporting the use of this medication

Compound drug QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The composition of this compound is not known. Any compounded product that contains at least one.

Decision rationale:

Compound drug QTY: 1: Upheld

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

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

Decision rationale: The composition of this compound is not known. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no current medical information available for review supporting the use of this medication

Laxacin 8.6-50mg QTY: 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale:

Somnicin (no strength) QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia..

Decision rationale: It was difficult to find the composition of Somnicin - it was not found in the PDR, Medscape or Up To Date. A Google search found a website that listed it as containing 5-hydroxytryptophan, magnesium oxide, melatonin, and tryptophan. It is an over-the-counter preparation. There was no scientific literature found that supports its use. Per ODG: Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been

noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The request was non-specific regarding the amount, and it is not clear how long it is supposed to be used. Longer-term use of over-the-counter sleep aids is not supported. There is no current medical information available for review supporting the use of this medication. There is reference to a possible sleep disorder, years ago, because of a positive Epworth Sleepiness Scale, however there is no supporting information contemporaneous to the request for this medication