

Case Number:	CM13-0011850		
Date Assigned:	03/26/2014	Date of Injury:	04/24/1996
Decision Date:	04/23/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert 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 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/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:

According to the records made available for review, this is a 49-year-old male with a 4/24/96 date of injury, and 1/7/13 thoracic spine surgery. At the time (7/10/13) of request for authorization for 1 prescription of Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4% compound cream; 1 prescription of Terocin 240ml: Capsaicin .025%, Menthol 2%, Lidocaine; 1 prescription Of Gabaclyclotram 180gm: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%; 30 Ambien 10MG; and 30 Somnicin: Melatonin 2mg-5htp 50mg- L Tryptophan 100mg- Pyridoxine 10mg- Magnesium 50mg, there is documentation of subjective (frequent mid back and constant low back pain radiating to the right lower extremity) and objective (lumbar spine range of motion with flexion 35, extension 10, right lateral flexion 10, and left lateral flexion 15) findings, current diagnoses (status post thoracic spine surgery, lumbar sprain/strain, lumbar radiculitis, and lumbar disc protrusion), and treatment to date (medications (including Ambien since at least 1/16/13)). Medical report identifies a request for Somnicin #30 capsules for the treatment of insomnia, anxiety, and muscle relaxation. Regarding 30 Ambien 10MG, there is no documentation of insomnia; the intention to treat over a short course (less than two to six weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding 30 Somnicin: Melatonin 2mg-5htp 50mg- L Tryptophan 100mg- Pyridoxine 10mg- Magnesium 50mg, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLURBIPROFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 4% COMPOUND CREAM: 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): s 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4% compound cream is not medically necessary.

1 PRESCRIPTION OF TEROGIN 240ML: CAPSAICIN .025%, MENTHOL 2%, LIDOCAINE: 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): s 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Terogin 240ml: Capsaicin .025%, Menthol 2%, Lidocaine is not medically necessary.

1 PRESCRIPTION OF GABACYL CLOTRAM 180GM: GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%: 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): s 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Based on guidelines and a review of the evidence, the request for 1 prescription Of Gabaclyclotram 180gm: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% is not medically necessary.â¿¿

30 AMBIEN 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) CITATION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. California Medical Treatment Utilization Schedule (MTUS) Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of status post thoracic spine surgery, lumbar sprain/strain, lumbar radiculitis, and lumbar disc protrusion. In addition, there is documentation of ongoing treatment with Ambien since at least 1/16/13. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 1/16/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for 30 Ambien 10MG is not medically necessary.

30 SOMNICIN: MELATONIN 2MG-5HTP 50MG- L TRYPTOPHAN 100MG- PYRIDOXINE 10MG- MAGNESIUM 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) CITATION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Somnicin is a combination of ingredients that are all naturally-occurring within the body: Melatonin, 5-hydroxytryptophan, L-tryptophan, Vitamin B6, and Magnesium. California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) identifies 5-hydroxytryptophan as a medical food product, defined as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In addition, Official Disability Guidelines (ODG) identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of status post thoracic spine surgery, lumbar sprain/strain, lumbar radiculitis, and lumbar disc protrusion. In addition, there is documentation of a recommendation for Somnicin which contains 5-hydroxytryptophan, a medical food. However, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Based on guidelines and a review of the evidence, the request for 30 Somnicin: Melatonin 2mg-5htp 50mg- L Tryptophan 100mg- Pyridoxine 10mg- Magnesium 50mg is not medically necessary.