MAXIMUS Federal Services

Case Number:	CM13-0012337		
Date Assigned:	09/18/2013	Date of Injury:	12/12/2006
Decision Date:	08/01/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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:

The patient is a 53 year old male with an injury date of 12/12/06. Subsequent to his injury the patient developed a cervical radiculopathy and had a 2 level cervical fusion in 2007. Subsequently in 2011 he had a median and ulnar nerve release. A chronic pain syndrome has developed with associated wide spread myofascial pain, anxiety and sleep difficulties. In addition to surgery, he has been treated with physical therapy, acupuncture and oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sintralyne PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compounded Drugs.

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

Decision rationale: Sintralyne PM is a blend of GABA, Melatonin and various herbs and amino acids. The majority of these ingredients appear to be available over the counter. No medical literature could be found that has adequately studied this mix for the purposes of sleep or any

other medical condition. The California MTUS Guidelines do not address the issue of compounding. The ODG Guidelines specifically address this issue and state that if any of the ingredients are over the counter, the mix should not be considered a compounded drug. Due to the lack of scientific support for being medically beneficial and due to the lack of Guideline support as a compounded drug, the Sintralyne PM #60 is not medically necessary.and due to the lack of Guideline support as a compounded drug, the Sintralyne is not medically necessary.

Metaxalone 800MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: The California MTUS Chronic Pain Guidelines do not recommend the use of Metaxalone (Skelaxin) on a long term (greater than 3 weeks) continuous basis. The Guidelines note that efficacy for chronic spinal pain has not been demonstrated for this and most other muscle relaxants. In addition, the medical documentation does not note any significant muscle spasm on an episodic or chronic basis. There are no exceptional circumstances to justify an exception to the Guideline recommendations. The Metaxalone 800MG is not medically necessary.

TGHot ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112, and 116.

Decision rationale: TGHot is a topical blend of Tramadol, Gabapentin, Capsaicin .5%, Menthol and Camphor. The California MTUS Chronic Pain Guidelines are very specific regarding topical agents: i.e. if one of the ingredients is not FDA approved for this purpose the blend is not recommended. The Guidelines specifically state that Gabapentin is not recommended and the Guidelines specifically state that Capsaicin greater than .25% is not recommended. Per the MTUS Guideline recommendations the TGHot is not medically necessary.