

Case Number:	CM13-0018426		
Date Assigned:	02/05/2014	Date of Injury:	02/14/2012
Decision Date:	04/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 54 year old male with a date of injury of 2/14/12. He was seen by his primary treating physician on 7/24/13. He had complaints of frequent low back pain radiating to the right lower extremity. He had a right inguinal hernia and right leg cramps with numbness in the groin area. His physical exam showed lumbar range of motion with flexion to 30, extension to 10, lateral flexion to 10, and internal flexion to 10. His diagnoses included lumbar radiculopathy and rule out right inguinal hernia. At issue are numerous topical medications prescribed during this visit with follow up planned in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

Decision rationale: Terocin includes topical lidocaine and menthol. Topical lidocaine may be recommended 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). This is not a first-line treatment and is

only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Guidelines also state that if one drug or drug class within a compounded medication is not recommended, the entire compounded medication is not recommended. This injured worker has chronic back pain, for which lidocaine is not indicated. As such, the request is noncertified.

FLURBI (NAP) CREAM-LA, 180GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Furthermore, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and there is no evidence to support its use in neuropathic pain. Regarding topical flurbiprofen, the records do not provide clinical evidence to support medical necessity. As such, the request is noncertified.

GABACYCLOTRAM 180GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Furthermore, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and there is no evidence to support its use in neuropathic pain. Regarding topical gabacyclotram, the records do not provide clinical evidence to support medical necessity. As such, the request is noncertified.

GENICIN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Glucosamine is 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. In this injured worker, the complaint is for back pain and not knee osteoarthritis. The records do not substantiate the medical necessity of glucosamine.

SOMNICIN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation treatment of insomnia

Decision rationale: Somnicin consists of multiple agents, including magnesium oxide, melatonin, oxitriptan and tryptophan; it is used in the treatment of insomnia. Per Uptodate, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for somnicin.