

<b>Case Number:</b>	CM13-0018614		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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, the patient a 53-year-old male with a 6/3/11 date of injury. At the time (8/3/13) of the date of the Decision for request for authorization for Medi-Doze topical compound, there is documentation of subjective complaints of 7/10 low back pain without medications and 2/10 pain with medications; and that the medications are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. Objective findings include tenderness on palpation over the lumbar spine. Current diagnoses are degenerative disc disease, lumbar radiculopathy, and lumbar/lumbosacral degenerative intervertebral disc. Treatment to date include epidural steroid injections and medications including Restone and Norco. The 8/28/13 medical report identifies that the patient reports that his pain has interfered with his sleep; and current meds that includes Norco 5/325mg tabs and Medi-Doze 6-30-50 tabs (Melatonin-Gaba-Valerian) one po QHS prn sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDI-DOZE TOPICAL COMPOUND:** 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): 111-113..

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies Medi Doze as a sleep aid with each dose containing 6mg/30mg/50mg of active ingredients (Melatonin/gamma Aminobutyric Acid/Valerian) as an oral route. MTUS and ODG do not address Medi-Doze. 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. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease, lumbar radiculopathy, and lumbar/lumbosacral degenerative intervertebral disc. In addition, there is documentation that pain has interfered with sleep and current meds that include Medi-Doze 6-30-50 tabs (Melatonin-Gaba-Valerian) one po QHS prn sleep. However, the request is for Medi-Doze topical compound not Medi-Doze 6-30-50 tabs. The retrospective request for Medi-Doze topical compound, DOS 7/3/2013 is not medically necessary and appropriate.