

<b>Case Number:</b>	CM13-0022191		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 3/30/10. A utilization review determination dated 8/16/13 recommends non-certification of Somnicin, Genicin, Flurbi (NAP) cream, and Gabacyclotram. 7/22/13 medical report identifies low back and right shoulder pain, depression, and insomnia. On exam, there is limited shoulder and lumbar spine range of motion (ROM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMNICIN (MELATONIN 2MG - 5HTP 50MG - L. TRYPTOPHAN 100MG - - PYRIDOXINE 10MG - MAGNESIUM 50MG), #30: 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 Chapter.

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

**Decision rationale:** Regarding the request for Somnicin, California MTUS and ODG do not support the use of L-tryptophan, pyridoxine, or magnesium in the management of any of the patient's cited conditions. There is limited support for melatonin in the management of insomnia.

Within the documentation available for review, there is no clear description of insomnia, failure of non-pharmacological treatment for this condition, and a clear rationale for the use of all of the components of this compound for this patient. In light of the above issues, the currently requested Somnicin is not medically necessary.

**GENICIN 500MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and chondroitin sulfate).

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

**Decision rationale:** Regarding the request for Genicin, California MTUS cites that glucosamine and chondroitin are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no documentation of any significant arthritis pain. In light of the above issues, the currently requested Genicin is not medically necessary.

**FLURBI CREAM LA 180GM (FLURBIPROFEN 20% - LIDOCAINE 5% - AMITRIPTYLINE 4%):** 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:** Regarding the request for Flurbi (NAP) cream, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "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 such as gabapentin or Lyrica)." That has also not been documented. Furthermore, it is supported only as a dermal patch. Finally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbi (NAP) cream is not medically necessary.

**GABACYCLOTRAM 180GM (GABAPENTIN 10% - CYCLOBENZAPRINE 6% - TRAMADOL 10%):** 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:** Regarding the request for Gabacyclotram, California MTUS cites that muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Additionally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Gabacyclotram is not medically necessary.