

Case Number:	CM13-0023517		
Date Assigned:	12/11/2013	Date of Injury:	08/08/1975
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Certificate in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 60-year-old male presenting with low back pain and neck pain following a work-related injury on August 8, 1975. The claimant has history of 2 failed back surgeries. The pain is described as severe, persistent, sharp pain in his neck shooting down his back. The pain continues from the low back to the bilateral lower extremities with persistent radiation of pain into bilateral buttocks and bilateral groin region and intermittent muscles spasms. He also complained of mood and sleep disorders. Physical exam was significant for slight observation, positive straight leg raise test and limited back motion with pain. The claimant's medications included Norco, Amrix, Gabapentin, Naproxen, Ambien, Trazodone, and Prilosec, as well as Lidoderm and Flector Patches. The claimant was diagnosed with lumbar degenerative disc disease, chronic lower extremity radiculopathy, chronic pain with both sleep and mood disorder, opiate dependency, and failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Restone is a proprietary blend of Melatonin 3m and L-Tryptophan 100mg. The official disability guidelines state that medical food is that which is formulated to be consumed or administered internally 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. To be recommended, the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Restone does not meet ODG recommendations. Additionally the claimant is already on a medication used for insomnia, Ambien and Trazodone; therefore it is not medically necessary.

Compounded cream that contains Capsaicin and menthol salicylate: Upheld

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

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

Decision rationale: According to California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled 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. A compounded drug containing salicylate, capsaicin, and menthol is not medically necessary. Additionally, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded to or are intolerant to other treatments. At that point, only the formulation of 0.025% is recommended, as increasing the concentration has not been found to improve efficacy. This cream contains 0.0375% Capsaicin and is not recommended. In regards to salicylate, which is a topical NSAID, MTUS guidelines indicates this medication for osteoarthritis and tendinitis - in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). The claimant is already on Naproxen and Flector Patches. Additionally, there is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The provider recommended compounded cream for the claimant's low back pain; therefore, the medication is not medically necessary.