

Case Number:	CM13-0024177		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2010
Decision Date:	04/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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, and is licensed to practice in Illinois. 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 63-year-old female who reported injury on 03/01/2010. The precise mechanism of injury was not provided. The patient's medical history included topical combinations and omeprazole since the year of 2012. The patient's objective examination in the most recent documentation indicated the patient had pain in the neck, frequent headaches, left upper extremity, low back pain radiating to the left lower extremity, left shoulder pain with numbness and tingling, and constant bilateral wrist/hand pain with numbness and tingling as well as occasional bilateral knee pain. The patient indicated that the topicals helped a lot. The patient's diagnoses were noted to include headache, neck sprain/strain, lumbago, lumbar disc protrusion, bilateral carpal tunnel syndrome, anxiety, and elevated blood pressure. The treatment plan included omeprazole for the treatment of gastrointestinal irritation, topical compounds, Terocin, flurbi (nap) cream, gabycyclotram topical, genicin, and somnicin. Additionally, there was a request for aquatic therapy 2 times a week for 4 weeks to improve range of motion and increase strength and flexibility of the cervical and lumbar spine musculoligamentous structure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate treatment for dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient was taking omeprazole for the treatment of gastrointestinal irritation. The patient had taken the medication for more than one year. There was a lack of documentation indicating the efficacy of the requested medication and there was a lack of documentation indicating a necessity for 120 tablets. Given the above, the request for omeprazole 20 #120 is not medically necessary.

EIGHT(8) AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The clinical documentation submitted for review indicated the patient had decreased range of motion. There was a lack of documentation of prior therapies that were utilized. There was a lack of documentation indicating the patient had a need for reduced weight bearing and there was a lack of documentation of objective functional deficits to necessitate therapy. The request for 8 sessions of aquatic therapy as submitted failed to indicate the body part that would be treated with the aquatic therapy. Given the above and the lack of documentation, the request for 8 sessions of aquatic therapy is not medically necessary.

TEROCIN 240MG : CAPSAICIN / METHYL / MENTHOL / LIDOCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE, TOPICAL ANALGESIC, TOPICAL CAPSAICIN LIDOCAINE Page(s): 28, 105,111,112.

Decision rationale: The clinical documentation submitted for review indicated the patient had been treated with topical medications since 2012. There is documentation indicating the patient had neuropathic pain. There was a lack of documentation of the efficacy of the medication. There was a lack of documentation indicating the patient had a trial of antidepressants and anticonvulsants that had failed and that the patient was not responsive to other treatments or was intolerant. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Terocin 240 mg:

capsaicin/methyl/menthol/lidocaine is not medically necessary. Additionally, there is a lack of documentation indicating a necessity for 2 medications containing lidocaine.

FLURBI (NAP) CREAM-LA 180GMS: FLURBIPROFEN / LIDOCAINE / AMITRIPTYLINE.: 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, FLURBIPROFEN, LIDOCAINE, ANTIDEPRESSANTS Page(s): 13,72,111,112.

Decision rationale: The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. The patient was noted to have neuropathic pain. There was a lack of documentation of the efficacy of the medication. There was a lack of documentation indicating the patient had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to FDA and California MTUS Guidelines. Given the above, the request for flurbi (nap) cream-LA 180 gms: fluriprofen/lidocaine/amitriptyline is not medically necessary.

GABCYCLOTRAM 180 GMS GABAPENTIN / CYCLOBENZAPRINE / TRAMADOL.: 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 CYCLOBENZAPRINE, TOPICAL ANALGESICS, GABAPENTIN, TRAMADOL Page(s): 41, 82, 111, 113.

Decision rationale: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. Additionally, per California MTUS, the approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. The patient was noted to have neuropathic pain. . There was a lack of documentation of the efficacy of the medication. There was a lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant nonadherence to California MTUS and FDA Guidelines. Given the above, the

request for gabapentin 180 gms gabapentin/cyclobenzaprine/tramadol is not medically necessary.

SOMNICIN #30 CAPSULES: MELATONIN 2MG, 5HTP 50MG, L-TRYPTOPHAN 100MG, PYRIDOXINE 10MG, AND MAGNESIUM 50MG.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN CHAPTER, MEDICAL FOODS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE : [HTTP://SALES.ADVANCEDRXMGT.COM/SALES-CONTENT/UPLOADS/2012/04/SOMNICIN-PATIENT-INFO-SHEET.PDF](http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/somnicin-patient-info-sheet.pdf)

Decision rationale: Official Disability Guidelines indicate that compound drugs are not recommended as a first-line therapy for most patients, but are recommended as an option after a trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in Official Disability Guidelines. The clinical documentation submitted for review failed to indicate the patient had trialed and failed first line FDA approved medications. Given the above, Somnicin #30 Capsules: Melatonin 2mg, 5htp 50mg, L-Tryptophan 100mg, Pyridoxine 10mg, And Magnesium 50mg is not medically necessary.