

<b>Case Number:</b>	CM13-0037877		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine & 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 least at 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 patient is a 52 year-old male with a date of injury of 02/26/201. The listed diagnoses per [REDACTED] dated 09/09/2013 are: 1) Cervical radiculitis 2) Cervical stenosis 3) Lumbar radiculitis 4) Lumbar disc disease 5) Cervical disc disease According to report dated 09/19/2013 by [REDACTED], the patient presents with complaints of neck and upper extremity pain with numbness. Patient reports an increase in numbness in the legs depending on posture. Patient is status post lumbar XLIF at L2-3 and L3-4 with interspinous fixation dated 02/11/2013. Examination reveals well-healed surgical scar without signs of infection. Lumbar spine reveals loss of lordosis. Moderate tenderness to palpation and paravertebral muscle spasm noted. ROM is decreased with flexion 20, extension 10, and right and left 10 degrees. Straight leg raise is positive bilaterally at 45 degrees. Treating physician states that the patient should continue taking his medications which includes Norco, Soma, Motrin, Robaxin, Somnicin and Flurbi Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** This patient presents with complaints of neck and upper extremity pain with numbness. The treating physician requests Soma 350mg #120. The MTUS Guidelines page 63 muscle relaxants states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility, however, in most LBP cases, they showed no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." The treating physician is asking for Soma 350 mg #120 for muscle spasm. Muscle relaxants are recommended for short-term use only and patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Somnicin #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with complaints of neck and upper extremity pain with numbness. The treating physician requests Somnicin. The MTUS, ACOEM and ODG guidelines do not discuss Somnicin. The search on the web indicates "Somnicin is an oral medication of natural ingredients, helps and promotes sleep." Active Ingredients are Melatonin 2 mg, 5-HTP (5-hydroxytryptopan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, Magnesium 50 mg. (<http://sales.advancedrxmgt.com/salescontent/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>). Somnicin is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. ""Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury..." ODG guidelines do address some of these items separately, and do not recommend melatonin-receptor agonist for more than 7-10 days, do not recommend Vitamin B supplements and 5-hydroxytryptophan is recommended for use with caution. Given that some of the ingredients lack guidelines support, recommendation is for denial.

**Flurbi (NAP) cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with complaints of neck and upper extremity pain with numbness. Treating physician is requesting Flurbicream. The MTUS guideline states the following regarding topical creams (p111, chronic pain section): "for non-steroidal antiinflammatory agents (NSAIDs) the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." This patient does not meet the indication for this topical medication as he does not present with any osteoarthritis or tendinitis symptoms. Recommendation is for denial.

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with complaints of neck and upper extremity pain with numbness. Treating physician is requesting a Urine drug screen (UDS). While MTUS does not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there was already a negative UDS on 07/05/2013. The request for an additional UDS is not necessary and recommendation is for denial