

Case Number:	CM13-0042376		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2003
Decision Date:	04/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 52 year-old female who was injured on 9/8/2003. She has been diagnosed with lumbar disc disease; lumbar radiculitis; and post laminectomy syndrome. According to the 9/26/13 neurosurgery report, the patient presents post-ESI in August 2013. She had relief of low back pain and right leg pain for 1-month. Pain was rated as 5-6/10. She was prescribed Flexeril, Flurbi cream and Somnicin. On 10/3/13 UR denied the medications and supplements.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 64.

Decision rationale: The patient presents with chronic back pain. I have been asked to review for Flexeril 7.5mg bid, #60. This is a 30-day supply of Flexeril. MTUS guidelines on Flexeril

specifically state that it is not recommended for use longer than 2-3 weeks. The request for a 30-day supply will exceed the MTUS recommendations.

FLURBI CREAM LA 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The patient presents with chronic back pain. I have been asked to review for Flurbi cream. Flurbi cream appears to be a topical NSAID with Flurbiprofen. The patient appears to have a low back injury. MTUS for topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. " The request for use of a topical NSAID for the spine is not in accordance with MTUS guidelines.

SOMNICIN #30: Upheld

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

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 ONLINE FOR VITAMIN B

Decision rationale: The patient presents with chronic back pain. I have been asked to review for Somnicin. According to the vendor, Somnicin is a compound of melatonin (2mg), 5-HTP(50mg), L-tryptophan(100mg), vitamin B6(10mg) and magnesium (50mg). MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Somnicin contains vitamin B6, MTUS does not discuss vitamin B6, but ODG guidelines, Pain Chapter online, under Vitamin B, states "not recommended". Since one component of the compound Somnicin is not recommended, the whole compound is not recommended.