

Case Number:	CM13-0043503		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2009
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 52 year old male who reported an injury on 06/30/2009 due to a fall that caused injury to his neck and back. The patient ultimately underwent lateral anterior interbody fusion with implantation of fusion cage at the L3-4 and posterior intraspinous fixation and facet fixation on the right with bilateral posterolateral fusion. The patient's most recent clinical examination findings noted that the patient had persistent low back pain, diminished sensation in the L2-3 distribution. The patient's postsurgical chronic pain was managed by medications to include Prilosec 20 mg, Wellbutrin 150 mg, Norco 10/325 mg, Flurbiprofen cream 180 g, Genicin 500 mg, and Somnicin. The patient's treatment plan included continuation of medications and a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Genicin is not medically necessary or appropriate. The requested medication contains glucosamine and chondroitin sulfate. The California Medical Treatment Utilization Schedule does recommend the use of glucosamine and chondroitin sulfate in instances where the patient has pain generated by osteoarthritic conditions. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to an osteoarthritic condition. It is noted that the patient's neuropathic pain is caused by a previous fusion surgery. Therefore, the need for Genicin is not medically necessary or appropriate.

Genicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The requested Genicin is not medically necessary or appropriate. The requested medication contains glucosamine and chondroitin sulfate. The California Medical Treatment Utilization Schedule does recommend the use of glucosamine and chondroitin sulfate in instances where the patient has pain generated by osteoarthritic conditions. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to an osteoarthritic condition. It is noted that the patient's neuropathic pain is caused by a previous fusion surgery. Therefore, the need for Genicin is not medically necessary or appropriate.

Flurbi Cream: Upheld

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

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

Decision rationale: The requested Flurbi cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of nonsteroidal anti-inflammatory drugs when there is evidence that the patient is intolerant of oral formulations of nonsteroidal anti-inflammatory drugs or if those oral formulations are contra indicative to the patient. The clinical documentation submitted for review does not provide any evidence that the patient could not tolerate oral formulations of this type of medication. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs for spinal pain. Therefore, continued use would not be indicated. As such, the requested Flurbiprofen cream is not medically necessary or appropriate.

Somnicin L/S: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Medical Food and Insomnia Treatment

Decision rationale: The requested Somnicin L/S is not medically necessary or appropriate. This medication is considered a medical food containing elements to include melatonin, 5-HTP, L tryptophan, vitamin B6, and magnesium and is used to promote effective sleep. Official Disability Guidelines do recommend the use of melatonin as a short-term option to assist with sleep hygiene; however, the clinical documentation submitted for review does not provide an adequate assessment of the patient's sleep habits or deficits that would necessitate pharmacological management. As such, the requested Somnicin L/S is not medically necessary or appropriate.

Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of pain, documentation of functional benefit, managed side effects, and documentation that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the clinical documentation does not provide a quantitative pain assessment to establish the efficacy of this medication. Additionally, there is no documentation of functional benefit related to this medication usage. As such, the requested Norco is not medically necessary or appropriate.