

Case Number:	CM13-0044811		
Date Assigned:	12/27/2013	Date of Injury:	01/26/2011
Decision Date:	07/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured on 1/26/11. She was diagnosed with cervical musculoligamentous injury, cervical myofascitis, cervical radiculopathy/radiculitis, thoracic musculoligamentous injury and myofascitis, lumbar myofascitis/radiculitis, bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, insomnia, and depression. She was treated with exercise, topical and oral medications, and surgery (shoulder). On 6/10/13 she was seen by her primary treating physician complaining of her shoulder pain as well as neck and low back pain, which had continued following her injury. She reported her topical and oral medications help decrease the pain, but she is still limited functionally. She was recommended to continue home exercises, get a urine toxicology screen, and continue the current regimen of medications which included the requested medications (Somnicin, Genicin, topical Flurb/Lido/Amitrip, and topical Gaba/Cyclo/Tram).

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR SOMNICIN WITH A DATE OF SERVICE OF 6/1/2013: Upheld

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

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

Decision rationale: Somnicin is a natural combination product to help treat insomnia and includes melatonin, 5-HTP, L-tryptophan, vitamin B6, and magnesium. The MTUS does not address Somnicin or its ingredients, but does address. The ODG recommends melatonin for the treatment of insomnia and insomnia related to chronic pain. The research is limited in regards to this specific combination product, and it is not known whether the combination of these ingredients is more effective than one alone, such as melatonin. Due to the fact that not enough research exists to justify a combination product rather than a product that only includes melatonin, the Somnicin is not medically necessary.

A RETROSPECTIVE REQUEST FOR GENICIN WITH A DATE OF SERVICE OF 6/1/2013: 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 Glucosamine Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines recommends glucosamine, which is the ingredient in Genicin, as an option (due to its low risk) for the treatment of moderate arthritis pain. In the case of this worker, the diagnosis of arthritis is not found in the notes provided for review. It is unclear why the worker was using this medication. It is not medically necessary.

A RETROSPECTIVE REQUEST FOR FLURB/LIDO/AMITRIP WITH A DATE OF SERVICE OF 6/1/2013: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental, especially combination products such as Flurb/Lido/Amitrip which contains an NSAID, lidocaine, and amitriptyline. Topical NSAIDs are indicated for arthritis and tendonitis, but are recommended for short-term use, not for chronic use as the worker in this case has been using it. Also, there is no evidence to suggest the combination product would be superior to lidocaine topically by itself, or oral equivalents of the separate ingredients. Therefore, the Flurb/Lido/Amitrip is not medically necessary.

A RETROSPECTIVE REQUEST FOR GABA/CYCLO/TRAM WITH A DATE OF SERVICE OF 6/1/2013: 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): 113.

Decision rationale: TThe MTUS Chronic Pain Guidelines state that topical analgesics are an option to treat pain, but are largely experimental in use with few studies to determine efficacy or safety, especially combination products such as the one requested. The one requested included gabapentin. The MTUS states that topical gabapentin is not recommended to treat chronic pain as there is no literature to support its use. It is the same with topical muscle relaxants, such as cyclobenzaprine. Therefore the entire product Gaba/Cyclo/Tram is not medically necessary.