

Case Number:	CM13-0046593		
Date Assigned:	12/27/2013	Date of Injury:	09/09/1997
Decision Date:	03/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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:

According to the records made available for review, this is a 69-year-old male with a 9/9/97 date of injury, s/p laminectomy, unspecified levels, unspecified date. At the time of request for authorization for retrospective/prospective usage of Terocin Lotion (dos 07/20/2013), retrospective (dos 07/20/2013)/prospective usage of Ketoprofen (NAP) Cream, retrospective (dos 07/20/2013)/prospective usage of Genicin, retrospective (dos 07/20/2013)/prospective usage of Somnicin, and retrospective (dos 07/20/2013)/prospective usage of Laxacin, there is documentation of subjective (low back pain) and objective (improved overall with regards to Straight leg raise, range of motion, and spasms) findings, current diagnoses (lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Terocin lotion and Terocin lotion provided 7/20/13: 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: Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Lotion is not medically necessary.

Prospective request for Ketoprofen (NAP) cream and the Ketoprofen (NAP) cream provided on 7/20/13: 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: Ketoprofen (NAP) Cream is a topical analgesic that contains a non-steroidal anti-inflammatory agent. MTUS Chronic Pain Medical Treatment Guidelines identifies that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy; and a recommendation for ketoprofen in a topical application. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen (NAP) Cream is not medically necessary.

Prospective request for Genicin and the Genicin provided on 7/20/13: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genicin. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy. However, there is no documentation of moderate arthritis pain. Therefore, based on guidelines and a review of the evidence, the request for retrospective (dos 07/20/2013)/prospective usage of Genicin is not medically necessary.

Prospective request for Somnicin and the Somnicin provided on 7/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Skylerholdings.com/somnicin

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

Decision rationale: Somnicin is a combination of ingredients that are all naturally-occurring within the body: Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium. Individually and as a compound, all are known for their properties to combat insomnia and anxiety. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many these agents. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy, and a recommendation for Somnicin, a compounded medication. Therefore, based on guidelines and a review of the evidence, the request for retrospective (dos 07/20/2013)/prospective usage of Somnicin is not medically necessary.

Prospective request for Laxacin and the Laxacin provided on 7/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: Laxacin contains 2 medications: Sennosides and Docusate. MTUS and ODG do not specifically address the issue. The Food and Drug Administration identifies that Laxacin is indicated for short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy. However, there is no documentation of a condition/diagnosis for which Laxacin is indicated. Therefore, based on guidelines and a review of the evidence, the request for retrospective (dos 07/20/2013)/prospective usage of Laxacin is not medically necessary.