

Case Number:	CM13-0046757		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2000
Decision Date:	06/03/2014	UR Denial Date:	10/09/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 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 injured worker is a 54 year old male who reported an injury on February 5, 2000 secondary to a trip. The diagnoses include lumbar radiculopathy and status post lumbar surgery three times. The injured worker was evaluated on September 11, 2013 for reports of frequent 8/10 low back pain, radiating to the lower extremities with numbness and tingling. The exam noted lumbar range of motion flexion at 25 degrees, extension at 0 degrees, right and left lateral flexion at 10 degrees, positive straight leg test, lumbar spine tenderness and decreased lower extremity sensation at L5-S1. MRI of the lumbar spine dated July 30, 2013 reported findings of a disc bulge at L4-5 with mild right neuroforaminal narrowing. At L5-S1 the MRI revealed annular fissure with moderate bilateral neuroforaminal narrowing. The treatment plan included medication management and caudal epidural steroid injection with lumbar decompression. The request for authorization dated October 9, 2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240 MG: CAPSAISIN 0.025%/METHYL SALICYLATE 25%/MENTHOL 10%/LIDOCAINE 2.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend compound products that contain at least one drug or drug class that is not recommended. The compound requested contains Lidocaine which is only recommended topically as a Lidoderm patch. The request for Terocin 240 mg: Capsaisin 0.025%/Methyl Salicylate 25%/Menthol 10%/Lidocaine 2.5% is not medically necessary or appropriate.

FLURBI (NAP) CREAM -LA 180MGS: FLURBIPROFEN 20%/LIDOCAINE 5%/AMITRIPTYLINE 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend compound products that contain at least one drug or drug class that is not recommended. The compound requested contains Lidocaine which is only recommended topically as a Lidoderm patch. The compound also contains flurbiprofen and amitriptyline which are not recommended as a topical agents. The request for Flurbi (NAP) Cream -LA 180mgs: Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 4% is not medically necessary or appropriate.

GABACYCLOTRAM 180GMS: GABAPENTIN 10%/CYCLOBENZAPRINE 6%/TRAMADOL 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend compound products that contain at least one drug or drug class that is not recommended. The compound requested contains gabapentin which is not recommended as a topical product. The compound also contains cyclobenzaprine which is not recommended as a topical agent. The request for Gabacyclotram 180gms: Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% is not medically necessary or appropriate.

GENICIN #90 CAPSULES: GLOCOSAMINE SODIUM 500MG: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend glucosamine as an option to patients with moderate arthritis pain. However, there is no evidence of a diagnosis of arthritis in the documentation provided. The request for Genicin #90 Capsules: Glucosamine sodium 500mg is not medically necessary or appropriate.

SOMNICIN #30 CAPSULES: MELATONIN 2MG/5HTP 50MG/L TRYPTOPHAN 100MG/PYRIDOXINE 10MG/MAGNESIUM 50MG: 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), Pain Chapter, Melatonin and Vitamin B Sections.

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, Melatonin and Vitamin B Sections.

Decision rationale: The California MTUS and ACOEM guidelines do not address the use of Somnicin. The Official Disability Guidelines do not recommend the use of compound drugs as first line therapy. The request for Somnicin #30 Capsules: Melatonin 2mg/5HTP 50mg/L tryptophan 100mg/Pyridoxine 10mg/Magnesium 50mg is not medically necessary or appropriate.

A URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 77 - 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend drug screens to assess for the presence of illegal drug use or aberrant drug use. The injured worker is not currently prescribed opioids and there is a lack of evidence in the documentation provided of risk for illegal drug use. The request for a urine toxicology is not medically necessary or appropriate.

LUMBAR CAUDAL STEROID INJECTION WITH LUMBAR DECOMPRESSION:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for treatment of radicular pain if the patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants), injections should be performed using fluoroscopy for guidance, no more than two nerve root levels should be injected using transforaminal blocks, no more than one interlaminar level should be injected at one session, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks, per region per year. There is a lack of evidence of exhaustion of conservative care in the documentation provided. There is no indication in the documentation provided if the injections will be performed using fluoroscopy. There is also a lack of baseline pain and functional levels to compare for efficacy after the prescribed injections. Furthermore, there is a lack of rationale for the "decompression" at the time of the proposed injection. The request for a Lumbar caudal steroid injection with lumbar decompression is not medically necessary or appropriate.