

Case Number:	CM13-0047092		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2012
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation 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:

This is a 6'0, 340 lbs, right-handed, 35 year-old male with a 10/21/12 industrial injury claim. The IMR application shows a dispute with the 10/24/13 UR decision. The UR letter was from [REDACTED] and was a retrospective review based on the 8/1/13 RFA and 6/19/13 medical report and recommended non-certification for compounded topical medications, and supplements. The 6/19/13 medical report is the initial evaluation by [REDACTED]. According to [REDACTED], the 10/21/12 injury was the patient was picking up orders and the right wrist "suddenly locked". The present complaints however, included the thoracic and lumbar spines and left wrist as well. The other body regions were reported to have been from a 10/23/2011 injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective requests for compound medication Terocin lotion for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compounded Medications Page(s): 121-122.

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

Decision rationale: Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or

anticonvulsants and MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.

Retrospective request for compound medication Gabacyclotram for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compounded Medications Page(s): 121-122.

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

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound medication contains gabapentin. MTUS specifically states topical gabapentin is not recommended. Therefore the whole compounded product is not recommended.

Retrospective request for Somnicin capsule for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topicals/Compounded Page(s): 111-113, 121-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter online, for Vitamin B.

Decision rationale: 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.

Retrospective request for compound medication Flur (Nap) cream-LA for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topicals/Compounded Page(s): 111-113, 121-1.

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

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded product is reported to contain lidocaine 5%. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.

Retrospective compound medication of Genicin for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topicals/Compounded. Page(s): 111-113, 121-.

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

Decision rationale: It is not clear whether the Genicin contains the glucosamine HCL which is not recommended, or the glucosamine sulfate which has some MTUS support for the knee. The request before me is for use of Genicin for the wrist. There is no mention of arthritis pain in the wrist, and there were only palpable findings on exam. A web search did not clarify the type of glucosamine in Genicin, and did show that there were other ingredients combined with the glucosamine, and I am not able to determine whether the other ingredients are consistent with MTUS guidelines. Overall, this is classified as a supplement, and therefore not FDA approved to treat any medical condition. The request does not appear to be in accordance with MTUS guidelines.