

Case Number:	CM13-0051692		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	08/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain 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 16 year old female who sustained an injury on 10/05/12 when she was struck in the neck by a box thrown by another handler. The injured worker developed complaints in the upper back and neck radiating to the right upper extremity. The injured worker also described mid and low back pain. The injured worker was treated with physical therapy as well as acupuncture treatment. The injured worker had also been placed on work restrictions. No initial medication use was noted. The injured worker was recommended to start topical compounded medications on 05/09/13. No other medications or listed substances were noted on urine drug screen reports. The injured worker was seen on 09/19/13 for continuing complaints of both neck that was intermittent and constant mid and low back which was severe. Physical exam noted limited range of motion in the neck and low back. The injured worker was again recommended to utilize multiple compounded topical medications that included Flurbiprofen, Amitriptyline, Gabapentin, Cyclobenzaprine and Tramadol as well as medical food supplements and a topical Terocin medication. The requested compounded topical medications as well as Terocin were denied by utilization review on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg #90: Upheld

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

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, Medical Food.

Decision rationale: Genicin is a medical food that contains proprietary ingredients to include glucosamine and is typically utilized in the treatment of joint pain. Medical foods and their ability to address ongoing musculoskeletal pain is largely considered experimental and investigational due to the lack of evidence in the clinical literature to support that medical foods are as effective as other prescription medications for pain. In this case, the injured worker has not had a reasonable trial of first line medications before considering medical foods. In regards to the use of Genicin 500mg quantity 90, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Insomnia Treatment.

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, Medical Food.

Decision rationale: Genicin is a medical food that contains proprietary ingredients to include tryptophan and is typically utilized in the treatment of depression. Medical foods and their ability to address depression symptoms is largely considered experimental and investigational due to the lack of evidence in the clinical literature to support that medical foods are as effective as other prescription medications for pain. In this case, the injured worker has not had a reasonable trial of first line medications before considering medical foods. In regards to the use of Somnicin quantity 30, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.