

Case Number:	CM13-0054392		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2011
Decision Date:	03/20/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine, 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 53-year-old with a 5/20/11 date of injury. At the time of request for authorization for gabapcyltram, flurbip cream, genicin, somnicin, omeprazole, and Hydrocodone, there is documentation of subjective (right knee pain that is sharp, stiff, and numb in character with radiation) and objective (tenderness upon palpation) findings, current diagnoses (osteoarthritis, insomnia, heartburn, and right knee tear), and treatment to date (medications (including Norco, Prilsoec, and genicin since at least 9/26/12)). There is documentation of a request for Flurbi (NAP) Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%). Regarding genicin, there is no documentation of moderate arthritis pain. Regarding omeprazole, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs (non-steroidal anti-inflammatory drugs), and age over 65 years. Regarding Hydrocodone, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapcyltram, 120 count: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The 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. The request for Gabapcyltram, 120 count, is not medically necessary or appropriate.

Flurbip cream, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Section Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section.

Decision rationale: The Physician Reviewer's decision rationale: The 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. The request for Flurbip cream, 120 count, is not medically necessary or appropriate.

Genicin 500mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Genicin Section Page(s): 50. Decision based on Non-MTUS Citation website DailyMed.com.

Decision rationale: The Physician Reviewer's decision rationale: The 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 diagnoses of osteoarthritis, insomnia, heartburn, and right knee tear. However, despite documentation of a diagnosis of osteoarthritis, there is no documentation of

moderate arthritis pain. The request for Genicin 500mg, 90 count, is not medically necessary or appropriate.

Somnicin, 30 count: 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. Decision based on Non-MTUS Citation website DailyMed.com

Decision rationale: The Physician Reviewer's 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 which individually and as a compound, all are known for their properties to combat insomnia and anxiety. Melatonin is a homeopathic product that has not been evaluated by the food and drug administration for safety and efficacy. The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination 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 diagnoses of osteoarthritis, insomnia, heartburn, and right knee tear, as well as a recommendation for Somnicin, a compounded medication. The request for Somnicin, 30 count, is not medically necessary or appropriate.

Omeprazole 20mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors (PPIs).

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, insomnia, heartburn, and right knee tear. However, despite documentation of a diagnosis of heartburn, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and aged over 65 years. The request for Omeprazole 20mg, 60 count, is not medically necessary or appropriate.

Hydrocodone 7.5/200 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Lortab. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, insomnia, heartburn, and right knee tear. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Hydrocodone 7.5/200 mg, 90 count, is not medically necessary or appropriate.