

<b>Case Number:</b>	CM13-0063950		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 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 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:

According to the records made available for review, this is a 52-year-old male with a 7/2/12 date of injury. At the time (9/16/13) of request for authorization for Genicin Caps # 90, Gabacyclotram 180 Gms, Gabapentin/Cyclobenzaprine/Tramadol Apply 2-3 times a day PRN, there is documentation of subjective (constant low back pain radiating to the left lower extremity rated as 9/10 on the pain scale and 9/10 constant left hip pain) and objective (restricted lumbar range of motion, positive straight leg raise test on the left, hypertonic tender lumbar spine, reduced range of motion in the left hip, and decreased sensation in the L5-S1 distribution) findings, current diagnoses (lumbar radiculitis, lumbago, lumbar sprain/strain, and left hip bursitis/tendinitis), and treatment to date (medications including Genicin, Gabacyclotram, and Gabapentin/Cyclobenzaprine/Tramadol since at least 2/18/13). Medical report identifies that Genicin is prescribed for arthritic pain. Regarding Genicin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Genicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENICIN CAPS # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genicin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbago, lumbar sprain/strain, and left hip bursitis/tendinitis. In addition, there is documentation of moderate arthritis pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Genicin. Therefore, based on guidelines and a review of the evidence, the request for Genicin Caps # 90 is not medically necessary.

**GABACYCLOTRAM 180 GMS GABAPENTIN/CECLOBENZAPRINE/TRAMADOL APPLY 2-3 TIMES A DAY PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 11/14/13) Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Title 8, California Code of Regulations, section 9792.20 Page(s): 111-113.

**Decision rationale:** Gabacyclotram contains Gabapentin 10%-Cyclobenzaprine 6% - Tramadol 10%. MTUS Chronic Pain Medical Treatment Guidelines identifies 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbago, lumbar sprain/strain, and left hip bursitis/tendinitis. In addition, Gabacyclotram contains at least one drug (Gabapentin and a muscle relaxant (Cyclobenzaprine) in topical form) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabacyclotram 180 Gms Gabapentin/Cyclobenzaprine/Tramadol apply 2-3 times a day PRN is not medically necessary.