

Case Number:	CM14-0010486		
Date Assigned:	02/21/2014	Date of Injury:	12/02/1987
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Pain Management 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:

This is a male patient with the date of injury of December 2, 1987. A utilization review determination dated January 3, 2014 recommends non-certification of Terocin 4%-4% PS, Somnicin 2-50-100 mg CA, Gabapentin 100% PA, and Flurbiprofen PA. The previous reviewing physician recommended non-certification of Terocin 4%-4% PS due to Terocin being a non-FDA approved formulation of topical lidocaine; non-certification of Somnicin 2-50-100 mg CA due to lack of documentation of any clinical history describing problems with falling asleep, staying asleep, or quality of sleep, failure to respond to a first-line agent, or a rationale provided for medical need of this medical food; non-certification of Gabapentin 100% PA due to topical Gabapentin not supported by the MTUS guidelines; and non-certification of Flurbiprofen PA due to lack of documentation of osteoarthritis present in an amenable joint, failure to respond to first line analgesics, and a rationale for medical need of this medication. A Progress Report dated November 14, 2013, identifies Interim History of radiculopathy to the lumbar spine with some disseminated intervertebral hyperostosis, musculoligamentous injury lumbar spine, and status post three (3) spinal surgeries with fusions and revisions. A Physical Examination identifies tenderness in the lumbar spine with painful ranges of motion. The diagnoses include lumbar radiculopathy, status post three spinal surgeries with fusion L2-3, L4-5, and L5-S1, disseminated intervertebral hyperostosis, and musculoligamentous injury lumbar. The treatment plan identifies continue medicinal support.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 4% - 4% PS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. The Chronic Pain Guidelines indicate that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), the guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st two (2) weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, the guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

SOMNICIN 2-5-100 MG CA #30: 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 (UPDATED 11/14/2013), INSOMNIA TREATMENT AND MEDICAL FOODS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: Regarding the request for Somnicin, a search of the Internet indicates that Somnicin is a medical food. The Official Disability Guidelines indicate that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional

deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested Somnicin is not medically necessary.

GABAPENTIN 100% PA #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: Regarding the request for topical Gabapentin, the Chronic Pain Guidelines indicate that topical gabapentin is not recommended. The guidelines also indicate that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested topical Gabapentin is not medically necessary.

FLURBIPROFEN PA #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: Regarding the request for topical flurbiprofen, the Chronic Pain Guidelines indicate that topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.