

Case Number:	CM14-0015013		
Date Assigned:	02/28/2014	Date of Injury:	07/30/2012
Decision Date:	06/27/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 employee is a 28-year-old gentleman who sustained a work-related injury on July 30, 2012. There is a diagnosis of lumbar disc disease, lumbar radiculopathy, and an annular tear of L5/S1. The most recent legible physicians note is dated August 23, 2013, which states the injured employee is complaining of constant severe low back pain. Medications were stated to be helpful with pain control. Previous treatment has included an epidural steroid injection on May 22, 2013 with no improvement. The physical examination on August 23, 2013 Notes a wide-based gait and difficulty performing heel/toe walking. There was diffuse tenderness over the lumbar spine and paraspinal muscles with restricted lumbar range of motion. There was a positive straight leg test bilaterally and decreased sensation at the L5 dermatome bilaterally. The injured employee was instructed to continue her medications and the use of a hot/cold unit. Physical therapy was scheduled to be started for two sessions per week for six weeks time. A previous independent medical review dated January 4, 2014, did not support the use of two compounded medications as well as Somnicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE COMPOUND MEDICATION: FLUR/LIDO/AMIT FOR DOS
08/17/2013 TO 08/18/2013: 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 ANALESICS, 111

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.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines only supports the use of topical analgesics with approved ingredients for specific conditions. This includes NSAIDs for topical treatment of osteoarthritis, and lidocaine for neuropathic pain. There was little to no research to support the use of any additional topical agents. For these reasons, this request for this topical compounded medication is not medically necessary.

RETROSPECTIVE COMPOUND MEDICATION: SOMNICIN FOR DOS 08/17/2013 TO 08/18/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), updated June 10, 2014.

Decision rationale: Somnicin is an oral medication intended for use as a sleep aid for insomnia. The California Medical Treatment Utilization Schedule (CAMTUS) guidelines does not address the use of this medication. The Official Disability Guidelines (ODG) specifically states that these type of pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no mention in the medical record that such an assessment took place. Furthermore this specific medication is not listed as being approved. For these multiple reasons, this request for Somnicin is not medically necessary.

RETROSPECTIVE COMPOUND MEDICATION: GABA/CYCL/TRAM FOR THE LUMBAR SPINE FOR DOS 08/17/2013 TO 08/18/2013: 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 ANALESICS, 111

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.

Decision rationale: The use of opioids and tramadol for neuropathic pain is not recommended as first-line therapy by the California Medical Treatment Utilization Schedule (CAMTUS) guidelines. There is no evidence in the medical record that there has been a failure of traditional first-line agents such as antidepressants to address the injured employees radicular symptoms.

Without a documented trial and failure of these first-line agents, this request for this compounded oral medication is not medically necessary.