MAXIMUS Federal Services

Case Number:	CM14-0118465		
Date Assigned:	08/06/2014	Date of Injury:	11/29/2004
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

The patient is a 68-year-old male who has submitted a claim for cervical radiculitis and cervical disc disease associated with an industrial injury date of 11/29/2004. Medical records from 01/23/2014 to 06/20/2014 were reviewed and showed that patient complained of cervical pain graded 7/10 radiating down bilateral upper extremities. Physical examination revealed tenderness over cervical paraspinal muscles, decreased ROM, decreased grip strength, weakness of left biceps, hypesthesia along left C6, C7, and C8 dermatome distribution, and intact DTRs of upper extremities. EMG/NCV study of bilateral upper extremities dated 06/27/2011 was unremarkable. Cervical spine x-ray dated 02/04/2010 revealed status post posterior and anterior interbody fusion C3 through C7, osteopenia, scoliosis convexity to the left. MRI of the cervical spine (date unavailable) revealed C3-4 osteophytic ridge, potential for left nerve impingement at level of left C7-T1 neural foramen secondary to screw placement, generalized coarsening of the bony trabecular pattern, and mild scoliosis of the cervical spine. Treatment to date has included decompressive cervical laminectomy C4 to C6 with bilateral foraminotomy for nerve root decompression at C3-4, C4-5, C5-6, and C6-7 (07/20/2009), physical therapy, Tylenol #4 with codeine, Anaprox, Prilosec, Gabapentin, Ambien, Fluoxetine, Glucosamine 500mg #90 (prescribed 04/10/2014), Flurbi (NAP) cream-LA, 180 grams (quantity not specified; prescribed 04/10/2014), and Somnicin #30 (prescribed 04/10/2014). Of note, there was no documentation of functional outcome from oral and topical pain medications. Utilization review dated 07/11/2014 denied the request for genacin 500mg capsules #90 -dispensed 04/10/2014 because the medical records did not establish that the patient was treated from knee osteoarthritis. Utilization review dated 07/11/2014 denied the request for Somnicin #30- dispensed 04/10/2014 because non-pharmacologic attempts should be done first. Utilization review dated 07/11/2014 denied the

request for Flurbi (NAP) cream-LA, 180 grams - dispensed 04/10/2014 because the compounded product contained drugs (or drug class) that was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Genicin 500 mg. #90 (Dispensed 04/10/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (And Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient was prescribed Glucosamine 500mg #90 since 04/10/2014. However, there was no documentation of functional improvement with its use. Furthermore, there was no diagnosis of osteoarthritis for which glucosamine is indicated. There is no clear indication for glucosamine use at this time. Therefore, the Retrospective Request: Genicin 500 mg. #90 (Dispensed 04/10/2014) is not medically necessary.

Retrospective Request: Sonmicin #30 (Dispensed 04/10/2014): 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, Medical Foods; http://www.priog.org

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

Decision rationale: Somnicin is composed of melatonin, 5-HTP, L-tryptophan, B6 , and magnesium.The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guideline, Pain Chapter, Insomnia Section was used instead. ODG recommends that treatment of insomnia be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. In this case, the patient was prescribed Somnicin #30 since 04/10/2014. However, there was no documentation of functional improvement with its use. Furthermore, there was no documentation of sound sleep hygiene or other non-pharmacologic attempts. Therefore, the Retrospective Request: Sonmicin #30 (Dispensed 04/10/2014) is not medically necessary.

Retrospective Request: Flurbi (NAP) Cream LA {Long Acting} (Dispensed 04/10/2014): Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. FLURBI (NAP) CREAM-LA contains 3 active ingredients: Flurbiprofen 20%, Lidocaine 5% and Amitryptiline 5%. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. Lidocaine and Amitriptyline are not recommended for topical use. In this case, the patient was prescribed Flurbi (NAP) cream-LA, 180 grams (quantity not specified) since 04/10/2014. However, Flurbi (NAP) cream contains flurbiprofen, lidocaine, and amitriptyline which are all not recommended for topical use. The guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request failed to indicate the quantity of Flubi (NAP) cream to be dispensed. Therefore, the Retrospective Request: Flurbi (NAP) Cream LA {Long Acting} (Dispensed 04/10/2014) is not medically necessary.