

Case Number:	CM14-0136902		
Date Assigned:	09/03/2014	Date of Injury:	02/10/2010
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology 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 patient is a 58-year-old female with a date of injury of 02/10/2010. The patients' diagnoses include bilateral knee pain, bilateral shoulder pain, back pain, elbow pain and gastritis. Topical compounds and oral medication were part of the plan for treatment of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 05/07/2014 and 06/23/2014, New Terocin lotion, flurbiprofen/lidocaine/amitriptyline and gabapentin/cyclobenzaprine/tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Capsacin, Lidocaine, Methyl Salicylate, Flurbiprofen,.

Decision rationale: Terocin Lotion is a topical analgesic composed of capsacin, lidocaine, menthol, methyl salicylate. Flurbiprofen is a Non-Steroidal Anti-Inflammatory (NSAID). Lidocaine is a local anesthetic. Amitriptyline is tricyclic antidepressant. Gabapentin is an anticonvulsant medication also used to treat neuropathic pain. Cyclobenzaprine is a muscle relaxant. Tramadol is a narcotic medication used for treatment of pain. According to the MTUS Guidelines topical analgesics may be recommended as an option in certain cases. Usually topical

analgesics are utilized in patients with neuropathic pain after a trial of oral antidepressants has failed. The efficacy of compounded agents, which include several different medications from various drug classes, is not supported by research. Topical capsaicin is only recommended in patients who have not responded to other treatments. There is no documented evidence of non-responsiveness or intolerance to other treatments. Lidocaine is recommended but not as a first-line treatment for localized peripheral pain and neuropathic pain. The MTUS is silent on menthol. Methyl Salicylate is recommended in chronic pain. Flurbiprofen (topical) is recommended for short-term use but not for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain. There is no documented evidence of osteoarthritis. Amitriptyline (topical), the MTUS is silent on this topic. Gabapentin (topical) is not recommended. Cyclobenzaprine (topical) is not recommended. Tramadol (topical) is often compounded in combination with other agents for pain control but this utilization is not supported by research. In addition, the MTUS Guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered to be NOT medically necessary.

Retrospective for 06/23/2014 Genicin (duration unknown and frequency unknown):

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, Page(s): page(s) 50.

Decision rationale: Genicin is also known as glucosamine, which has been used to treat osteoarthritis. According to the MTUS Guidelines it is recommended as an option in patients with moderate arthritis pain. Specifically, it may reduce the progression of knee arthritis. There is no documented medical evidence of osteoarthritis and/or knee arthritis in this patient. Therefore, the above listed issue is considered to be NOT medically necessary.

Retrospective for 05/07/2014 Somnicin (duration unknown and frequency unknown):

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Page(s): page(s) 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Melatonin, TBI, Insomnia Vitamin B6, Depression, Magnesium TBI

Decision rationale: Somnicin is marketed as a natural sleep aid consisting of melatonin, 5-HTP, L-tryptophan, Vitamin B6 and Magnesium. The MTUS is silent on the issue of somnicin or any of its ingredients. The ODG recommends melatonin in the treatment of sleep disorder in cases of

traumatic brain injury (TBI), migraine and insomnia only after careful evaluation of potential causes of sleep disturbance. There is no documented evidence of a diagnosis of insomnia, TBI or migraine in this patient. Vitamin B6 is under study for treatment of depression. According to the ODG Magnesium is currently being studied to determine its role in treatment of spasm in patients with tetanus. Per MTUS Guidelines, although medications for chronic pain can be recommended based on the specific indication, it is important to first determine the diagnosis and reason for utilization of a particular medication. In this patient there is no clearly documented diagnosis of insomnia or sleeping difficulties. There is no clearly documented evaluation and determination of aim of use for this particular medication. Therefore, the above listed issue is considered to be NOT medically necessary.