

Case Number:	CM14-0137338		
Date Assigned:	09/05/2014	Date of Injury:	06/14/2013
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 Preventative 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 54-year-old female with a 6/4/13 date of injury. At the time (8/1/14) of the Decision for Terocin Lotion (unspecified), Somnicin (unspecified), Gabacyclotram (Unspecified), and Flubina (NAP) cream-LA (unspecified), there is documentation of subjective (low back pain 5/10, denies side effects to current oral medications) and objective (lumbar range of motion: flexion 55, extension 15, right and left lateral flexion 20, and spasms) findings, current diagnoses (lumbar sprain/strain), and treatment to date (medications (including ongoing treatment with Terocin, Flurbi (NAP) cream, Gabacyclotram, and Somnicin). Medical reports identify Gabacyclotram contains Gabapentin, Cyclobenzaprine, and Tramadol and Flurbi (NAP) contains Flurbiprofen, Lidocaine, and Amitriptyline. Regarding Somnicin (unspecified), there is no documentation identifying that the product is a food for oral or tube feeding and that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (unspecified): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. 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. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Lotion (unspecified) is not medically necessary.

Sominicin (unspecified): 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 Chapter, Medical Food

Decision rationale: Somnicin is a combination of ingredients that are all naturally-occurring within the body: Melatonin, 5-hydroxytryptophan, L-tryptophan, Vitamin B6, and Magnesium. MTUS does not address the issue. ODG identifies 5-hydroxytryptophan as a medical food product, defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In addition, ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. In addition, there is documentation of a recommendation for Somnicin which contains 5-hydroxytryptophan, a medical food and that is used under medical supervision. However, there is no documentation identifying that the product is a food for oral or tube feeding and that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for Somnicin (unspecified) is not medically necessary.

Gabacyclotram (Unspecified): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: 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. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. However, the requested Gabacyclotram (Unspecified) contains at least one drug (Gabapentin and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabacyclotram (Unspecified) is not medically necessary.

Flubina (NAP) cream-LA (unspecified): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: 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. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. However, the requested Flubina (NAP) cream-LA (unspecified) contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flubina (NAP) cream-LA (unspecified) is not medically necessary.