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| Case Number: | CM14-0143176 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/18/2008 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/18/08 when she fell with injury to the shoulders and left knee and ankle. Treatments included epidural injections, physical therapy, cortisone injections, and medications. She was seen by the treating provider on 02/06/14. She was having bilateral shoulder pain and low back pain radiating into the lower extremities with numbness and tingling. Pain was rated at 7/10 with and 10/10 without medications. Topical medications are referenced as improving sleep with decreased pain, decreased use of oral medications, and allowing longer sitting and walking tolerances. Physical examination findings included decreased shoulder range of motion with positive impingement testing. There was decreased lumbar spine range of motion with spasm and tenderness. She had decreased right upper extremity sensation. Femoral stretch testing was positive. There was an antalgic gait. Soma 350 mg #90, Norco 10/325 mg #9, ibuprofen 800 mg #60, Ambien 10 mg #30, omeprazole 20 mg #60, Theramine #90, Sentra AM and PM #60, Gabadone #60, and Terocin patch #20 were prescribed. Compounded topical medications were also prescribed. Drug screen was ordered. Authorization for a TENS unit and cane were requested. On 3/06/14 a Toradol injection was administered. On 05/08/14 a Toradol and B12 injection was administered. She was seen on 02/13/14 for an orthopedic evaluation. She was having ongoing left knee pain with weakness. She had recently fallen. She was also having neck pain. There was pending lumbar spine surgery. Physical examination findings included decreased cervical spine range of motion with tenderness and positive left Spurling's test. There was decreased right shoulder range of motion. She had decreased lumbar spine range of motion with a positive left straight leg raise. On 03/17/14 authorization for left shoulder arthroscopy was requested. She was continued at temporary total disability. On 06/05/14 had been improvement after a cervical epidural injection done in March.

Authorization for another injection was requested. On 06/23/14 she was seen again for orthopedic follow-up. She was having ongoing right shoulder and cervical and lumbar spine pain. She was having ongoing left ankle pain and swelling. Her care was transferred. On 07/03/14 continuation of a home exercise program was recommended. Authorization for acupuncture two times per week for four weeks was requested. Physical examination findings included decreased upper extremity sensation with paraspinal muscle spasms. There was decreased cervical and lumbar spine range of motion. There was trapezius muscle tenderness with spasm. There was a positive right Femoral stretch test. She had decreased right lower extremity sensation. Medications were refilled. Urine drug screening was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: Rx 5/30/14 genicin #90 capsules: Overturned

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

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), Glucosamine (and Chondroitin sulfate)

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain involving multiple areas including the left knee and ankle, right shoulder, and cervical and lumbar spine. Glucosamine sulfate alone (without chondroitin sulfate) is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of glucosamine sulfate 500 mg. In this case, the claimant has a history of injury to her knee and has worsening knee pain. The requested dose is within recommended guidelines. Therefore this request is medically necessary.

Somnicin #30 capsule: Upheld

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

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), Medical Food

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain involving multiple areas including the left knee and ankle, right shoulder, and cervical and lumbar spine. Somnicin is a combination of melatonin, 5-hydroxytryptophan, L-tryptophan, vitamin B6 and magnesium. It is considered a medical food and is used in the treatment of insomnia. Guidelines recommend use of a medical food 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

this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, Somnicin is not medically necessary.

Menthoderm Gel #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): p111-113, 60.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain involving multiple areas including the left knee and ankle, right shoulder, and chronic cervical and lumbar spine pain. Mentoderm gel is a combination of methyl Salicylate and menthol. Menthol and methyl Salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as chronic back pain. In this case, the claimant has chronic low back pain and has not responded to other conservative treatments. Therefore, the Mentoderm is medically necessary.

Xolindo 2% cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines) Lidoderm (lidocaine patch). (2) Topical Analgesics, Page(s): p111-113, p56-57.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain involving multiple areas including the left knee and ankle, right shoulder, and cervical and lumbar spine. The active ingredient in Xolindo is Lidocaine HCl 2%. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant has shoulder, knee, and ankle pain that could be treated with topical lidocaine. Therefore, this request is medically necessary.