

Case Number:	CM14-0158562		
Date Assigned:	10/02/2014	Date of Injury:	10/08/2010
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation 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 injured worker is a 53 year old female with an industrial injury date of 10/08/2010. An autistic student pulled the injured worker to the ground with injuries reported to the neck and back. Treatment has included lumbar support brace, trigger point injections, and oral and topical medications. The prior peer review on 8/28/2014 approved the requests for ibuprofen 800mg #90, Norco 10/325mg #90, Percocet 10/325mg #80, and urinalysis. The requests for Somincin, Genecin, Terocin patches, Flurbi Cream, Ambien, and Zanaflex were denied, as medical necessity was not established. According to the initial pain management consultation report dated 6/27/2014, the injured worker is taking Percocet, Ambien, Naprosyn, Soma, gabapentin and various creams, with benefit. She complains pain in the bilateral paracervical muscles into rhomboid region, low back pain down the right leg to top of the foot, and also reports numbness and tingling. On physical examination, she has full neck ROM, no tenderness, full ROM of the upper extremities, 5/5 strength, normal gait, tenderness over lumbosacral junction, right side back pain with full flexion, 2+ DTRs, decreased right leg extensors of 4/5, and decreased sensation at lateral aspect of right lower leg. There are 11 diagnoses listed. Treatment plan is to maintain the injured worker on Percocet, provide Zanaflex, and well as maintain her on Gabapentin, Naprosyn, Ambien, Genecin, Terocin, Somnicin, Flurbiprofen, and Gabacyclotram. She continues TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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, Zolpidem.

Decision rationale: According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The injured worker has been using Ambien chronically, along with other sedating medications. However, prolonged use of sleep aids, such as Ambien, is not recommended or supported by the medical guidelines. There is no evidence of active insomnia due to pain. In addition, the guidelines generally recommend addressing the cause of the sleep disturbance. The medical records do not document appropriate sleep hygiene is being utilized. There is no clear indication for continued Ambien. According to the guidelines, the request for Ambien is not medically necessary.

Zanaflex 4mg #90: 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 Muscle relaxants (for pain) Page(s): 66.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Recommended for a short course of therapy. Zanaflexis FDA approved for management of spasticity; unlabeled use for low back pain. The injured worker had been prescribed Zanaflex in placement of continuing Soma. However, there is no evidence of muscle spasms documented on examination, and chronic use muscle relaxants are not recommended. In addition, the medical records do not demonstrate an acute exacerbation present. Given these factors, the medical necessity and appropriateness of Zanaflex has not been established. The request for Zanaflex 4mg #90 is not medically necessary.

Somincin #30: 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 <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>

Decision rationale: According to the referenced literature, this is a product contains Melatonin, 5-HTP, L-tryptophan, Vitamin B6 and Magnesium, "This particular drug aims to cure certain

conditions like insomnia, anxiety and depression." This product is not recognized by the FDA. The medical records do not establish the injured worker has a medical condition that necessitates this product as treatment. In reference to the Official Disability Guidelines, Somnicin is not recommended as it does not meet the criteria set by the guidelines. The medical records do not establish this injured worker has a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The medical records do not establish this product is labeled as intended for the specific dietary management of a disorder, disease or condition for which a distinctive nutritional requirement exists, and has been established by a medical evaluation. Furthermore, the injured worker has apparently been using this product for at least several months along with Ambien and sedating muscle relaxant. Objective functional improvement is not demonstrated. The medical necessity of Somnicin is not established. Therefore, the request Somincin #30 for is not medically necessary.

Genecin #90: 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-159161-Genicin+Oral.aspx?drugid=159161&drugname=Genicin+Oral>

Decision rationale: According to the CA MTUS guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document the injured worker is provided several diagnoses related to the cervical and lumbar spine. The medical records do not establish the existence of moderate OA pain. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request for Genecin is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Terocin patch contains Lidocaine, Capsaicin, methyl salicylate and menthol. According to the CA MTUS guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Furthermore, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this injured worker. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. The medical records do not establish this compounded topical product is appropriate or medically indicated. The medical necessity of Terocin patch is not established. Therefore, the request for Terocin patches #30 is not medically necessary.

Flurbi cream 160g #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical application of an NSAID, such as Flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for treatment of the spine. Furthermore, topical lidocaine is only recommended as an option for neuropathic pain having failed first-line therapies; however this injured worker does not have diabetic neuropathy or post-herpetic neuropathic pain. The injured worker tolerates oral medications, which are considered standard care. Furthermore, objective benefit from use of topical analgesics has not been established in this case. The request for Flurbi cream is not medically necessary.