

Case Number:	CM14-0177643		
Date Assigned:	10/31/2014	Date of Injury:	05/19/2014
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of May 19, 2014. In a Utilization Review Report dated October 14, 2014, the claims administrator denied requests for Somnicin, Genicin, and several topical compounds. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant reported ongoing complaints of neck pain, headaches, dizziness, and bilateral upper extremity pain. The applicant was reportedly fearful about returning to work. The applicant was therefore placed off of work. The applicant was having issues with psychological stress and tearfulness, it was noted. 7/10 neck pain, headaches, and low back pain were reported. The applicant was using Motrin, Tylenol, and a topical muscle rub, it was noted. On July 15, 2014, the applicant consulted a pain management specialist, again reporting multifocal pain complaints, including primary complaints of headaches and neck pain, 6-9/10. The applicant was reportedly using Aleve and Tylenol, it was acknowledged. Eight sessions of acupuncture, eight sessions of chiropractic manipulative therapy, a TENS unit, a psychological evaluation, vitamin B12 injections, Prilosec, dietary supplements including Theramine and Trepidone, tramadol, Terocin, and others were prescribed while the applicant was kept off of work, on total temporary disability. In a September 29, 2014 progress note the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck pain and headaches, 7-8/10. The applicant was given prescriptions for Terocin, Gabacyclotram, Genicin (glucosamine), Somnicin, and tramadol. A TENS unit was also endorsed. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Online edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: While the MTUS does not address the topic of dietary supplements such as Somnicin, the Third Edition ACOEM Guidelines Chronic Pain Chapter does note that dietary supplements such as Somnicin are not recommended in the treatment of chronic pain as they have not been shown to have any demonstrated benefit in the treatment of the same. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

90 Capsules of genicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine (Genicin) is indicated in the treatment of arthritis and, in particular, knee arthritis, in this case, however, the applicant's primary pain generators are the head and neck. It does not appear that arthritis is the pain generator present here. Therefore, the request is not medically necessary.

1 Flurbi (NAP) cream-LA 180 grams: 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 topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the flurbiprofen-containing agent at issue are deemed "largely experimental." In this case, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the flurbiprofen-containing compound at issue. The applicant's ongoing

usage of several first-line oral pharmaceuticals, including tramadol, moreover, effectively obviates the need for the topical compounded drug at issue. Therefore, the request is not medically necessary.

1 Gabaclotram 180 grams: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.