

Case Number:	CM14-0178962		
Date Assigned:	11/03/2014	Date of Injury:	12/04/2013
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain 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 injured worker is a 40 year-old male with a date of injury of December 4, 2013. The patient's industrially related diagnoses include right shoulder supraspinatus and infraspinatus tendonitis with possible subacromial bursitis, right elbow lateral epicondylitis, and lumbar spine sprain/strain with disc syndrome. The disputed issues are prescriptions for Somnicin #30, Flurbi (Nap) cream- LA 180 grams (flurbiprofen 20%, lidocaine 5%, amitriptyline 5%), Gabacyclotram cream 180 grams (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%), and Terocin patches (lidocaine 4%, menthol 4%) #30. A utilization review determination on 10/16/2014 had non-certified these requests. The stated rationale for the denial for Terocin was: "The records submitted for review failed to include documentation that there had been trials of antidepressants and anticonvulsants that have failed. Furthermore, the records submitted for review failed to include documentation of first line trial of therapy to support the use of the Terocin patch, which contains lidocaine." The rationale for the denial of Somnicin, Flurbi (Nap) cream, and Gabacyclotram cream was they contained ingredients that are not recommended by the Official Disability Guidelines.

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 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) Chronic Pain Chapter, Medical Food

Decision rationale: Regarding the request for SOMNICIN, a search of the internet indicates that SOMNICIN is a medical food which includes the following ingredients: Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested SOMNICIN is not medically necessary.

1 flurbi (nap) cream- LA 180 grams (flurbiprofen 20%, lidocaine 5%, amitriptyline 5%):
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 Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbi (Nap) Cream- LA is a topical formulation consisting of flurbiprofen 20%, lidocaine 5%, and amitriptyline 5%. Regarding topical amitriptyline, the guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical amitriptyline, the currently requested Flurbi (Nap) Cream- LA 180 grams which contains amitriptyline is not medically necessary.

1 gabacloctram cream 180 grams (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%):
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 Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabacloctram cream is a topical formulation consisting of

gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%. Regarding topical gabapentin, the guidelines state that topical anti-epileptic medications are not recommended. Regarding cyclobenzaprine, the guidelines state there is no evidence for use of any other muscle relaxant as a topical product. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical amitriptyline and cyclobenzaprine, the currently requested Gabacyclotram cream 180 grams is not medically necessary.

30 terocin patches (lidocaine 4 %, menthol 4%): 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 Page(s): 111-113.

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical nonsteroidal anti-inflammatories, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical Lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the medical records submitted for review, there is no indication that the injured worker is unable to tolerate oral NSAIDs as he is being prescribed Naproxen. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no documentation of neuropathic pain diagnosis with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Based on the guidelines, the request for Terocin patches #20 is not medically necessary.