

Case Number:	CM14-0182338		
Date Assigned:	11/12/2014	Date of Injury:	11/20/2011
Decision Date:	12/30/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 progress report dated 09/04/2014, the patient presents with low back pain which is noted as constant. An examination of the lumbar spine revealed range of motion flexion 25 degrees, extension 15 degrees, right flexion 15 degrees, and left flexion 15 degrees. The progress report dated 09/18/2014 indicates the patient has a flare-up of pain, she was administered a Toradol injection, which "did not alleviate her symptoms." This is a request for Somnicin, Laxacin, Gabacyclotram, and flurbiprofen cream. Utilization review denied the request on 10/16/2014. Treatment reports 09/04/2014, 09/18/2014, and 10/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Somnicin:

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

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, Insomnia treatment Other Medical Treatment Guideline or Medical Evidence:
<http://sales.advancedrxmgt.com/salescontent/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>

Decision rationale: This patient presents with constant low back pain. The physician is requesting a 1-month supply of Somnicin. The physician states the Somnicin is for the patient's insomnia. The MTUS, ACOEM and the ODG guidelines do not discuss Somnicin. According to <http://sales.advancedrxmgt.com/salescontent/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>, "Somnicin is an oral medication of natural ingredients, helps and promotes sleep." Active Ingredients are Melatonin 2 mg, 5-HTP (5-hydroxytryptopan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, Magnesium 50 mg. Somnicin is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. ""Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury..." The ODG guidelines do address some of these items separately, and does not recommend melatonin-receptor agonist for more than 7-10 days, and Vitamin B supplements and 5-hydroxytryptophan is recommended for use with caution. Given that some of the ingredients lack medical guideline support, the request is not medically necessary.

1 month supply of Laxacin: Overturned

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 Page(s): 76-78.

Decision rationale: This patient presents with constant low back pain. The physician is requesting a 1-month supply of Laxacin. The MTUS Guidelines page 76 through 78 discusses prophylactic medication for constipation when opiates are used. Physician states that this medication is for patient's constipation from taking opioid. Review of the medical file indicates the patient has been taking Percocet on a long-term basis. The requested Laxacin is medically necessary.

1 month supply of Gabacyclotram: 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 creams; Topical Analgesics Page(s): 111-112.

Decision rationale: This patient presents with constant low back pain. The physician is requesting a 1-month supply of Gabacyclotram. The physician states that this medication is for patient's neuropathic pain. Gabacyclotram includes Gabapentin, Cyclobenzaprine, and Tramadol. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is

not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. The request is not medically necessary.

1 Flurbiprofen Cream: 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 creams; Topical Analgesics Page(s): 111-112.

Decision rationale: This patient presents with constant low back pain. The physician is requesting 1 flurbiprofen cream. The physician states that the flurbiprofen cream is for patient's myofascial pain. The MTUS Guidelines has the following regarding topical creams on page 111, under chronic pain section. For flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Tramadol is not tested for transdermal use with any efficacy. The recommended compound topical cream is not medically necessary.