

Case Number:	CM14-0028714		
Date Assigned:	06/16/2014	Date of Injury:	07/17/2007
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Minnesota. 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 57-year-old male who reported an injury on 07/17/2007 the injured worker had slipped and fell on the wet floor at work. On 01/25/2012 the injured worker complained of decreased pain of the left shoulder, cervical spine and low back. On 01/25/2012 the physical examination of the left shoulder revealed no swelling, atrophy, asymmetry and ecchymosis present. It was noted there was mild pain elicited to palpation over the anterior aspect of the shoulder. The range of motion of the cervical spine and the right and left shoulders motor strengths, deep tendon reflexes and girth measurements was within normal limits. On the neurological examination it revealed sensation to pinwheel sharp/dull differentiation was normal in all upper extremity dermatomes. The two-point discrimination was 6mm in all digits. The examination of the thoracolumbar spine revealed difficulty arising from a fully forward flexed position with pain reported. The forward flexion of the thoracolumbar spine was accomplished to 70 degrees with fingertips failing to touch. The examination of the back revealed tenderness to palpation of the lumbar spine without muscle spasms. The range of motion and measurements was within normal limits. The reversal of lumbar lordosis was full and the x-rays revealed that the cervical spine showed persistent loss of cervical lordosis, left shoulder, humerus and lumbar spine showed no increase degenerative. The diagnoses of the injured worker included cervical spine strain with disc herniation, left shoulder strain with impingement syndrome and lumbar spine strain with disc herniation all diagnoses was resolved. There was no VAS scale measurements or medications submitted for this review. The treatment plan included for a decision on Compound-Flurbipro/Lidocaine/Amitriprpcca Lipo, New Tercocin Lotion, Somnicin Capsule, Laxacin Tab and Gabapentin/Cyclobenzaprine/Tramadol/PCCA Lipo. The authorization for the request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND-FLURBIPRO/LIDOCAINE/AMITRIPTY/PCCA LIPO DAY SUPPLY: 20 QTY:180 REFILLS:00: Upheld

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

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

Decision rationale: The request for Compound-Flurbipro/Lidocaine/Amitripty/PCCA Lipo Day Supply: 20 QTY: 180 refills: 00 is not medically necessary. The California Pain Medical Treatment Guidelines states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. In addition, the request does not specify the location for the proposed lotion or frequency for the medication. The current requested compound-Flurbipro/Lidocaine/Amitripty/PCCA Lipo day supply: 20 qty: 180 with no refills is not medically necessary.

NEW TEROGIN LOT DAY SUPPLY: 20 QTY: 240 REFILLS: 00: Upheld

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

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

Decision rationale: The request for New Terocin Lot Day Supply: 20 QTY: 240 Refills: 00 is not medically necessary. The California Pain Medical Treatment Guidelines states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. In addition, the request does not specify the location for the proposed lotion or frequency for the medication. The current requested Terocin Lotion contains more than one drug class. Given the above, the request for New Terocin Lot Day Supply: 20 QTY: 240 Refills: 00 is not medically necessary.

SOMNICIN CAPSULE DAY SUPPLY: 30 QTY: 30 REFILLS: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Medical Foods topic. (Official Disability 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 request for Somnicin Capsule day supply: 30 QTY: 30 Refills 00 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Somnicin that is a medical food. Medical foods are recommended as indicated below. As a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended 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. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The diagnoses of the injured worker included cervical spine strain with disc herniation, left shoulder strain with impingement syndrome and lumbar spine strain with disc herniation all diagnoses was resolved. The documents that were submitted for review lacked evidence of the medications that are prescribed to the injured worker and medication management. In addition, there was no evidence of a disease process diagnosis provided to warrant the need to have a specific nutritive requirement. Given the above, the request for Somnicin Capsule day supply: 30 QTY: 30 Refills 00 is not medically necessary.

LAXACIN TAB 8.6-50 MG. DAY SUPPLY: 25 QTY:100 REFILLS: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The request for Laxacin Tab 8.6-50MG Day Supply: 25 QTY: 100 Refills: 00 is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation should be used if the patients that are on opioids. The documents provided on 01/25/2012 there were no VAS scale measurements or medications submitted for this review. There was no rationale to indicate the injured worker's use of any opioids. Given the above, the request is not medically necessary.

COMPOUND-GABAPENTI/CYCLOBENZ/TRAMADOL/PCCA LIPO DAY SUPPLY: 20 QTY: 180 REFILLS: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

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

Decision rationale: The request for Compound-Gabapenti/Cyclobenz/Tramadol/PCCA Lipo Day Supply: 20 QTY: 180 Refills: 00 is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states that Gabapenti/Cyclobenz/Tramadol is not recommended. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. In addition, the request does not specify the location for the proposed compound or frequency for the medication. Given the above, the request for Compound-Gabapenti/Cyclobenz/Tramadol/PCCA Lipo Day Supply: 20 QTY: 180 Refills: 00 is not medically necessary.