

Case Number:	CM14-0033888		
Date Assigned:	08/25/2014	Date of Injury:	10/27/2004
Decision Date:	09/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female, who reported injury on 10/27/2014. Mechanism of injury was not submitted for review. The injured worker has diagnoses of carpal tunnel syndrome bilaterally, degenerative joint disease to the left shoulder, degenerative disc disease of the cervical spine, left shoulder impingement syndrome, radiculopathy to both upper extremity, musculoligamentous injury to the cervical spine, status post left shoulder arthroscopy, and status post cervical fusion to the C5-6 and C6-7 level. The injured worker has undergone psychological therapy, physical therapy, and medication therapy. Medications include Terocin, Somnicin, gabacyclotram, Flurbi (NAP) cream, Risperdal, omeprazole, and hydrocodone. On 02/19/2014, the injured worker complained of pain in her shoulder. Physical examination revealed tenderness to palpation in the subacromial region. Range of motion was limited and had an abduction of 90 degrees, forward flexion of 70 degrees, extension of 60 degrees, external rotation of 60 degrees, and internal rotation of 60 degrees. There was acromial crepitus noted and also tenderness over the biceps tendon. There was tenderness over the AC joint. Neurovascular status of the left upper extremity was grossly intact. MRI of the left shoulder indicated the presence of supraspinatus and infraspinatus tendinosis and effusion, along with sub deltoid and subacromial bursitis. The injured worker underwent left shoulder arthroscopy and cervical fusion at C5-6 and C6-7 on 12/21/2010. Treatment plan is for the injured worker to continue Terocin, Somnicin, gabacyclotram, and Flurbi (NAP) cream. Provider felt that the injured worker is still symptomatic and needs the medications to help with pain levels. The Request for Authorization form 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:

Terocin (unspecified quantity/dose): 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): 111-112.

Decision rationale: The request for Terocin is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin cream contains lidocaine 4% and menthol 4%. The guidelines state that there are no other commercially approved topical formulations for lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed cream contains lidocaine. Furthermore, there was a lack of subjective complaints of neuropathic pain. There was also no rationale as to why the injured worker would require a topical cream instead of oral medications. Additionally, the request as submitted failed to specify a dosage, quantity, or frequency. Also, the request does not indicate where the lotion will be used. As Terocin cream contains lidocaine, which is not recommended, the proposed compounded product is not recommended. As such, the request for Terocin is not medically necessary.

Somnicin (unspecified quantity/dose): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph (updated 11/26/11).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, treatment for insomnia, and Other Medical Treatment Guideline or Medical Evidence: WebMD (Tryptophan).

Decision rationale: The request for Somnicin is not medically necessary. The medication Somnicin is a combination of magnesium oxide, melatonin, Oxitriptan, and tryptophan. Magnesium oxide is an element your body needs to function normally. Magnesium oxide can be used as an antacid to relieve heartburn, sour stomach, or acid indigestion, a dietary supplement when the amount of magnesium in the diet is not enough, a laxative for short term rapid emptying of the bowel. It should not be used repeatedly. Melatonin, according to the ODG, is a melatonin agonist (MT1 and MT2), indicated for difficulty with sleep onset: It is nonscheduled (has been shown to have no abuse potential). One symptomatic review concluded that there was evidence to support the short term and long term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. Oxitriptan is a type of antidepressant that is

recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated, according to the MTUS. It has been suggested that the main role of antidepressants, such as Oxitriptan, may be in addressing psychological symptoms associated with chronic pain. Tryptophan is an amino acid, a protein building block that can be found in many plant and animal proteins. Tryptophan is called an essential amino acid because the body cannot make it. It must be acquired from food. Tryptophan is used for insomnia, sleep apnea, depression, anxiety, and facial pain. The submitted report lacked any quantified evidence as to whether the injured worker had tried and failed any conservative care. Furthermore, there was a lack of subjective complaints of neuropathic pain. Additionally, the request as submitted lacked a dosage, frequency, and duration of the medication. Given the above, the injured worker is not within the guideline criteria. As such, the request for Somnicin is not medically necessary.

Laxacin (unspecified quantity/dose): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laxative, Opioids Page(s): 77.

Decision rationale: Request for Laxacin is not medically necessary. California Medical Treatment Utilization Schedule recommends Miralax for constipation. There was no indication in the submitted report that the injured worker was diagnosed with constipation secondary to narcotics. Given the lack of submitted documentation in the report, the request for Laxacin is not medically necessary.

Gabacyclotram (unspecified quantity/dose): 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 request for gabacyclotram is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the submitted report, there was no documentation as to whether cream would be applied and the amount. The report also lacked quantified evidence of the effectiveness of the concurrent medications that the injured worker was taking. Furthermore, the request is for a compound that, per California MTUS Guidelines, is not recommended. The submitted request is for gabapentin, cyclobenzaprine, and tramadol,

which are not supported for topical application. Additionally, the request as submitted lacked a dosage, frequency, and duration. As such, the request for gabapentin is not medically necessary.

Flurbi (NAP) cream:

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.

Decision rationale: The request for Flurbi (NAP) cream is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for the treatment modality has been inconsistent, and most studies are small and short of duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above, the proposed medication is not recommended by California Medical Treatment Utilization Schedule Guidelines. Furthermore, in the submitted report, there was no documentation as to whether cream would be applied and the amount applied. There was also a lack of documentation of effectiveness of the current medications that the injured worker was taking. There were no substantial physical findings in regards to the injured worker's left shoulder. Additionally, the request as submitted lacked a dosage, frequency, and duration. As such, the request for Flurbi (NAP) cream is not medically necessary.