

Case Number:	CM14-0060938		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2010
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 65 year-old female with a date of injury of 09/23/2010. The medical documents associated with the request for authorization, are a primary treating physician's progress report, dated 02/27/2014, which lists subjective complaints as pain in the left shoulder, left hip, left knee, and left ankle. The objective findings show an examination of the left shoulder revealed tenderness to palpation over the superior aspect of the shoulder with no pain radiation. Range of motion was restricted in all ranges. Range of motion of the left hip, knee and ankle were all restricted with pain. Diagnosis: 1. Left shoulder internal derangement 2. Left hip strain/sprain3. Left knee strain/sprain 4. Left ankle sprain/strain. The medical records provided for review document that the patient had not been prescribed the following medications before the request for authorization. Medications: 1. Terocin Lotion, #2402. Compound cream: Flurbipro/Lidocaine/Amitripty/PCCA Lipo #1803. Compound cream: Gabapenti/Cyclobenz/Tramadol/PCCA Lipo #1804. Somnicin LAP #30No SIG given for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, compounds containing Lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. Terocin patches are not medically necessary.

CMPD - Flurbipro/Lidocaine/Amitripty/PCCA Lipo #180: 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 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline is not recommended. There is no peer-reviewed literature to support use, therefore, the request is not medically necessary.

CMPD - Gabapenti/Cyclobenz/Tramadol/PCCA Lipo #180: 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 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use, therefore, the request is not medically necessary.

Somnicin LAP #30: Upheld

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

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), Melatonin.

Decision rationale: The Official Disability Guidelines recommend a melatonin as a single agent to improve sleep. The repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Somnicin is a compounded medication. Melatonin compounded with other substances is not recommended, therefore the request for Somnicin is not medically necessary.