

Case Number:	CM14-0071399		
Date Assigned:	08/08/2014	Date of Injury:	11/05/2012
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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:

Patient is a 35-year-old female who has submitted a claim for discogenic back pain, rule out herniated nucleus pulposus, and lumbar disc displacement associated with an industrial injury date of 11/5/2012. Medical records from the 2013 to 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, described as sharp, shooting sensation. Pain was rated 10/10 in severity. Aggravating factors included repetitive bending, prolonged walking, pushing, pulling, and lifting heavy objects. The patient also complained of difficulty falling asleep with episodes of waking during the night due to pain. The patient was only able to sleep one to two hours per night. However, intake of medications allowed her to sleep 7 hours per night. Physical examination showed positive Kemp's test bilaterally. Straight leg raise test was positive at the right. Lumbar spine exam showed tenderness, muscle guarding, and muscle spasm. Range of motion was restricted on all planes. Reflexes were intact. Motor strength was normal. MRI of the lumbar spine, dated 11/30/2012, demonstrated 6 to 7-mm disc protrusion at L4 to L5 with moderate central canal narrowing. Official result was not submitted for review. Treatment to date has included acupuncture, trigger point injections, IM Toradol injection, and medications such as Xanax, Trazodone, Temazepam, Zoloft, Topamax, Imitrex, Lyrica, Soma (since April 2014), Somnicin (since April 2014), Gabacyclotram (since April 2014), and Terocin patches (since April 2014). Utilization review from 5/5/2014 denied the requests for Soma 350mg #60, Somnicin #30, Gabacyclotram 120ml, Terocin patches #30, and Lumbar Epidural Injections L4-L5 #3. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 67, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As stated on page 29 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, benzodiazepine and codeine. In this case, patient has been on Carisoprodol since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, this medication is being requested together with opioids, which is not recommended by the guidelines due to high potential of abuse. Long-term use is likewise not recommended. Therefore, the request for Soma 350mg #60 is not medically necessary.

Somnicin #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 67, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medical Foods.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. Somnicin #30 contains Melatonin, 5-hydroxytryptophan, L-tryptophan, Magnesium, and vitamin B-6. The Official Disability Guidelines states that medical foods are formulated 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. 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, depression, and sleep disorders. In this case, patient has been on Somnicin since April 2014. The patient complained of difficulty falling asleep with episodes of waking during the night due to pain. The patient was only able to sleep one to two hours per night. However, Somnicin allowed her to sleep 7 hours per night. The medical necessity for continuing its management has been established. Therefore, the request for Somnicin Capsules #30 is medically necessary.

Gabaclotram 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 67, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain, Web Edition.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic. The topical formulation of Tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Gabapentin, Cyclobenzaprine, and Tramadol that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Gabacetylam 120ml is not medically necessary.

Terocin patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 67, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: Terocin patch contains both Lidocaine and Menthol. Pages 56 to 57 of California MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Regarding the Menthol component, California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was on Terocin patch since April 2014 for neuropathic pain. The patient was initially on Topamax and Lyrica; however, persistence of symptoms prompted adjuvant therapy with Lidocaine in transdermal formulation. Guideline criteria were met. Therefore, the request for Terocin patches #30 is medically necessary.

Lumbar Epidural Injections L4-L5 #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 67, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of low back pain radiating to bilateral lower extremities, described as sharp, shooting sensation. Physical examination showed positive Kemp's test bilaterally. Straight leg raise test was positive at the right. Reflexes were intact. Motor strength was normal. MRI of the lumbar spine, dated 11/30/2012, demonstrated 6 to 7-mm disc protrusion at L4 to L5 with moderate central canal narrowing. Epidural steroid injection is a reasonable treatment procedure for this case due to presence of radiculopathy. However, there was no documentation of failure in conservative care. Moreover, the present request for three epidural steroid injections is not guideline recommended because succeeding injection is contingent upon pain relief and functional improvement from the initial nerve block. Guideline criteria were not met. Therefore, the request for Lumbar Epidural Injections L4-L5 #3 is not medically necessary.