

<b>Case Number:</b>	CM14-0076925		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/06/2005
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 45 year old male who was injured on 02/06/2005. The injured individual complains of 7/10 neck pain that radiates to the upper limbs. The pain is associated with numbness and tingling sensations. Also, the injured worker has 9/10 lower back pain that radiates to the lower extremities. The pain is associated with numbness and tingling sensations. On examination, the injured worker was found to walk with cane, the gait was antalgic, and the posture was abnormal. The injured worker had limited range of motion in the neck and the lower back. There was tenderness in the paravertebral muscles. MRI of the Lumbar region dated 02/4/2014 revealed mild discogenic disease at L3-L4, L4-L5, more pronounced at L4-L5; multilevel foraminal disc bulges and facet hypertrophy more pronounced at L4-L5. The EMG/NCV (Nerve studies) of the lumbar region dated 02/10/2014 was reported normal. The treatments include The injured worker has been diagnosed of cervical spine disc protrusion C2-C3, C3-C4, C4-C5, C5-C6, C6-C7; cervical spine central stenosis at C3-C4, and C6-C7; cervical spine retrolisthesis; upper extremity radiculitis; thoracic spine sprain/strain; lumbar disc protrusion; lower extremity radiculitis; sexual dysfunction; depression; insomnia. At dispute are the requests for lumbar sacral orthosis back brace; TENS unit 30-day trial with supplies; Percocet 10/325mg #60; 10/325mg #120; Ambien 10mg #30; Norco 10/325mg #120; Terocin 240ml; Flurbi (NAP) Cream-LA 180gm; Gabacyclotram 180gm; Genicin Capsules #90; and Somnicin Capsules #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sacral orthosis back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 03/31/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Low Back Complaints, Online Edition

**Decision rationale:** The injured worker sustained a work related injury on 02/06/2005. The medical records provided indicate the diagnosis of cervical spine disc protrusion C2-C3, C3-C4, C4-C5, C5-C6, C6-C7; cervical spine central stenosis at C3-C4, and C6-C7; cervical spine retrolisthesis; upper extremity radiculitis; thoracic spine sprain/strain; lumbar disc protrusion; lower extremity radiculitis; sexual dysfunction; depression; insomnia. Treatments have included Percocet, Norco, Topical Analgesics, and Ambien. The medical records provided for review do not indicate a medical necessity for Lumbar sacral orthosis back brace. The MTUS and ACOEM guidelines do not recommend the use of Lumbar support. Therefore, this request is not medically necessary.

**TENS unit 30-day trial with supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain. Decision based on Non-MTUS Citation BlueCross BlueShield 2007; TENS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for TENS unit 30-day trial with supplies. The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the use of TENS unit as an isolated modality of treatment. The MTUS recommends a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Therefore, the requested treatment is not medically necessary.

**Percocet 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #60. The MTUS does not recommend continuing opioid use unless there is documentation of improved functioning and pain, return to work, and less need for use of medications. Therefore, the requested treatment is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend continuing opioid use unless there is documentation of improved functioning and pain, return to work, and less need for use of medications. Therefore, the requested treatment is not medically necessary.

**Ambien 10mg #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 (ODG)-TWC Pain Procedure Summary last updated 04/10/2014: Zolpidem (Ambien) and Mosby's Drug Consult, Zolpidem tartrate (Ambien)

**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)

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. Zolpidem (Ambien) is an N-drug which means it is not a first line treatment for sleep. Being an N-Drug it requires authorization before approval. This particular drug, a sedative hypnotic is recommended only for short term use of not more than 4-6 weeks in the treatment of sleep disorders, due the risk of depression and worsening of sleep disorder. The provided information did not indicate for how long the injured worker has been using this drug. Therefore, the requested treatment is not medically necessary.

**Terocin 240ml:** Upheld

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

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Terocin 240ml. The California MTUS Chronic Pain Medical Treatment Guidelines recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, Terocin (Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; Lidocaine 2.50% combination), a topical analgesic that contains the non-recommended Menthol is not recommended. Therefore, the request is not medically necessary.

**Flurbi (NAP) Cream-LA 180gm: Upheld**

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

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Flurbi (NAP) Cream-LA 180gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbi (NAP) Cream-LA is a compound topical analgesic containing Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%. The Flurbiprofen and Amitriptyline are not recommended; besides the Lidocaine is not in the proper formulation. Therefore, this request is not medically necessary.

**GabaCycloTram 180gm: Upheld**

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

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Gabacyclotram 180gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Gabacyclotram is a topical analgesic containing the non-recommended agents: 10% Gabapentin, 6% Cyclobenzaprine, and 10% Tramadol. The requested treatment is not medically necessary and appropriate.

**Genicin Capsules #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50-51.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity Genicin Capsules #90. Genicin Capsules (Glucosamine 500mg), is recommended as an option in the treatment of with moderate arthritis pain, especially for knee osteoarthritis. The injured worker has not been diagnosed of knee osteoarthritis; therefore the requested treatment is not medically necessary

**Somnicin Capsules #30:** 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 last updated 11/26/2011 classified Melatonin (5-methoxy-N-acetyltryplamine) as: Hormones and Hormone Modifiers, Nutritional Supplements, Nutraceuticals

**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 and on the Non-MTUS PRLog Website ([www.prlog.org](http://www.prlog.org)).

**Decision rationale:** The medical records provided for review do not indicate a medical necessity Somnicin Capsules #30. Somnicin (Contains Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium) is a medical food. Like all medical food it is formulated to be consumed or administered under the supervision of a physician. Therefore, this request is not medically necessary.