

Case Number:	CM13-0021666		
Date Assigned:	11/13/2013	Date of Injury:	01/21/2000
Decision Date:	09/11/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 52 year old male who sustained an industrial injury on 1/21/00. Primary treating physician's progress report dated 5/28/13 reports increasing problematic neck pain and worsening migraines. He is taking ibuprofen and skelaxin which has not helped. Diagnoses include: asthma, migraine, rhinitis and chronic sinusitis. Plan of care includes: continue omnaris, give supply of relpax for migraine, and continue with transdermal creams. Work status: remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 240gm (date of service 4/11/13): 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.

Decision rationale: MTUS states that use of topical analgesics is 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. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin lotion 240gm (date of service 4/11/13) is not medically necessary.

Somnicin 50mg #30 (date of service 4/11/13): 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.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, not addressed. Somnicin is a nutritional supplement containing melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is used to treat insomnia, anxiety, and depression. It is also used to treat rapid eye movement sleep disorders. ODG does not recommend the use of Somnicin. Documentation fails to show objective evidence supporting the medical necessity for a nutritional supplement in the presence of established treatment guidelines utilizing prescription medications. The request for Somnicin 50mg #30 (date of service 4/11/13) is not medically necessary.

Laxacin 50mg #100 (date of service 4/11/13): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, not addressed. Stool softeners are used on a short-term basis to treat constipation. Documentation at the time of the requested service under review fails to show that the injured worker is being prescribed Opioid drugs. The medical necessity for the use of Laxacin has not been established. The request for Laxacin 50mg #100 (date of service 4/11/13) is not medically necessary.

Genicin 500mg #30 (date of service 4/11/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Glucosamine and Other Medical Treatment Guidelines
<http://www.everydayhealth.com/drugs/glucosamine>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, not addressed. Genicin (Glucosamine Sulfate) is a supplement used for arthritis (osteoarthritis). The injured worker complains of chronic neck pain. Documentation fails to show objective evidence supporting the medical necessity for a nutrition supplement in the presence of established treatment guidelines utilizing prescription medications. With guidelines not being met, the request for Genicin 500mg #30 (date of service 4/11/13) is not medically necessary.