

Case Number:	CM14-0121247		
Date Assigned:	09/16/2014	Date of Injury:	11/05/1992
Decision Date:	07/07/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male with an industrial injury dated 11/05/1992 resulting in an injury to his lower back. His diagnoses included lumbar disc herniation, lumbar radiculitis, lumbar stenosis, failed laminectomy syndrome and lumbar disc disease. Prior treatments included multiple lumbar surgeries, left shoulder surgery, physical therapy, TENS, occupational therapy, medications and exercise program. He presents on 07/09/2014 with complaints of lumbar and cervical pain. He ambulated with a slow gait and limp of his right lower extremity. Lumbar spine was tender to palpation with spasms of bilateral paraspinal muscles. Range of motion was limited. Right knee joint was tender with decreased sensation over the left posterolateral thigh, calf and foot. Diagnostic tests included electro diagnostic studies showing chronic bilateral cervical 8-thoracic 1 radiculopathy and MRI of lumbar spine showing broad based central disc protrusion at lumbar 1-lumbar 2. Co morbid diagnoses include diabetes, hyperlipidemia, renal cell carcinoma, melanoma, chronic kidney disease and myocardial infarction. Treatment plan included Norco, Percocet, Somnicin, Laxacin and GabaCycloTram. This request is for GabaCyclo Tram 180 grams, Laxacin # 100 and Somnicin # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #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, Pain (Chronic) 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 Chapter, Somnicin.

Decision rationale: The patient was injured on 11/05/95 and presents with lumbar spine pain and cervical spine pain. The request is for SOMNICIN #30. The RFA is dated 07/21/14 and the patient's work status is not provided. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Pain Chapter on Somnicin states, "Not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression. Melatonin appears to reduce sleep onset latency and is used for delayed sleep phase syndrome." The reason for the request is not provided. The patient ambulates with a slow gait, has a limp on his right lower extremity, has a decreased lumbar spine range of motion, has tenderness to palpation with spasm to the bilateral paraspinal muscles of the lumbar spine, has tenderness over the right knee joint, has a positive straight leg raise on the right, and has decreased sensation over the left posterolateral thigh calf and foot. The patient is diagnosed with lumbar disc herniation, lumbar radiculitis, lumbar stenosis, failed laminectomy syndrome, and lumbar disc disease. In this case, the patient does not present with insomnia, anxiety and depression as indicated by ODG guidelines. The patient does not meet the criteria set forth by the ODG guidelines. Therefore, the request IS NOT medically necessary.

GabaCycloTram 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

Decision rationale: The patient was injured on 11/05/95 and presents with lumbar spine pain and cervical spine pain. The request is for GABACYCLOTRAM 180 G. The RFA is dated 07/21/14 and the patient's work status is not provided. MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety". Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The reason for the request is not provided. The

patient ambulates with a slow gait, has a limp on his right lower extremity, has a decreased lumbar spine range of motion, has tenderness to palpation with spasm to the bilateral paraspinal muscles of the lumbar spine, has tenderness over the right knee joint, has a positive straight leg raise on the right, and has decreased sensation over the left posterolateral thigh calf and foot. The patient is diagnosed with lumbar disc herniation, lumbar radiculitis, lumbar stenosis, failed laminectomy syndrome, and lumbar disc disease. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, neither Gabapentin nor Cyclobenzaprine are indicated in a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.