

Case Number:	CM14-0138095		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	04/17/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old female, who sustained an industrial injury on 1/9/13. The injured worker has complaints of frequent low back pain, located on the right side that radiates mid back and right lower extremity. The documentation noted that the pain is aggravated by stress, weather changes, exercise, prolonged standing, walking, bending, stooping, twisting, squatting, overhead work, lifting or carrying 10+ pounds, pushing/pulling and prolonged sitting and the pain is dull, achy and sharp. The injured worker complaints of bowel incontinence. The diagnoses have included lumbar spine sprain/strain; lumbar radiculopathy; adjustment disorder; insomnia; idiopathic peripheral autonomic neuropathy and unspecified disorder of autonomic nervous system. The documentation noted that the injured worker has received a course of physical therapy, acupuncture, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin Capsules 1 cap PO at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Somnicin. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

Decision rationale: Somnicin is a medical food and natural sleep aid that is used to promote sleep. There is no controlled studies supporting its use of sleep problems. There is no recent documentation or characterization of the patient sleep problems. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTINFLAMMATORY AGENTS (NSAIDS) Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4% cream is not medically necessary.

Genicin Capsules 1 cap TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, COMPOUND DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Genicin (glucosamine) have been used to treat pain in arthritis. There is a need for more clinical information about the patient condition and the rational behind the request for Genicin before determining medical necessity. There is no documentation of arthritis. Therefore, the request for Genicin #90 is not medically necessary.