

Case Number:	CM14-0196281		
Date Assigned:	12/04/2014	Date of Injury:	09/16/2011
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This individual is a 48 y/o female who had developed chronic low back pain subsequent to an injury dated 9/16/11. She is reported to have lower back pain reported to be VAS 6/10. No radiculopathic process or neurological compromise is documented. She also has R hip pain reported to be VAS 8/10. She has had surgery for a hip labral tear in May '13. She is prescribed Ambien and Oxycodone. There is no detail of the medication use patterns or benefits. She is also office dispensed and/or mailed various compounded blends and foods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guideines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not

recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.

Flurbi (NAP) cream - LA 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Guidelines are clear that if an ingredient utilized in a topical anesthetic is not FDA approved for topical use, that topical agent is not recommended. Topical Flurbiprofen is not FDA approved as a topical NSAID. If a topical NSAID was warranted there is no medical reason why an FDA approved product could not be utilized. The Flurbiprofen is not medically necessary.

Gabacloset 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Gabacloset is a compounded mix of several medications which include Gabapentin and Cyclobenzaprine. MTUS Guidelines specifically state that if an ingredient of a compounded topical is not FDA approved for this purpose the compound is not recommended. MTUS Guidelines state that Gabapentin is not recommended. In addition, topical muscle relaxants (Cyclobenzaprine) are not FDA approved or recommended for topical use. There are no exceptional reasons to justify an exception to the Guidelines. The Gabacloset topical is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Hip and Pelvis, Glucosamine

Decision rationale: Genicin is Glucosamine. MTUS Guidelines do not address this issue for treatment of the hip. ODG Guidelines directly address this issue and state that Glucosamine is not recommended for the hip. There are no unusual circumstances to justify an exception to Guidelines. The Genicin #90 is not medically necessary.

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

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

Decision rationale: Somnicin is a compounded blend of various amino acids, melatonin, vitamins and Magnesium. The ingredients are easily found in over the counter products. It is purported to be benefit, anxiety, insomnia and depression. MTUS Guidelines do not address medical foods. ODG Guidelines directly address this issue and do recommend medical foods unless there is a proven deficiency that is scientifically proven to successfully treated with a medical food. These standards are not met. The Somnicin is not medically necessary.