

Case Number:	CM14-0197346		
Date Assigned:	12/05/2014	Date of Injury:	05/01/2014
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
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:

Injured worker (IW) sustained an industrial injury on 05/01/14. 05/23/14 and 06/09/14 office notes documented complaints of right heel pain. No evidence of neuropathic pain or myofascial pain was documented. MRI was noted to be consistent with insertional Achilles tenosynovitis with interstitial tearing. Medications were not mentioned. 10/16/14 office note documented complaints of continued ankle/Achilles pain. Pain level was 9/10. IW continued to use walking boot. Gait was antalgic. Painful/limited ankle range of motion was noted. No evidence of neuropathic pain or myofascial pain was documented. Norco was refilled and she was provided with topical cream. A letter of medical necessity for this request states that urine toxicology screening is appropriate in this case due to monitor medication compliance; Somnicin was ordered because chronic pain patients often experience insomnia (without specific mention on insomnia complaints in this case); Laxacin is provided for treatment of opioid-induced constipation; Gabaclotran is prescribed as topical treatment of neuropathic pain; Flurbi-Cream is provided for myofascial pain; and Terocin cream/patches is prescribed because some patients benefit from them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT)

Decision rationale: Less than one year has elapsed since date of injury. The treating physician has documented ongoing use of opioid pain medication. MTUS recommends use of a urine drug screen to assess for the use or presence of illegal drugs in patients receiving opioids for chronic pain. MTUS is silent concerning frequency of drug testing. ODG recommends frequency of drug screens based upon risk stratification, with annual drug screens for patients determined to be at low risk. While no risk stratification is documented in this case, due to lack of previous documented drug screen, the requested drug screen appears to be reasonable and medically necessary.

Topical compound: Flurbi-cream: Overturned

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): 111-113 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Kai S, Kondo E, Kawaguchi Y, Kitamura N, Yasuda K. Flurbiprofen concentration in soft tissues is higher after topical application than after oral administration. Br J Clin Pharmacol. 2013 Mar;75(3):799-804

Decision rationale: MTUS supports optional short-term use of topical Non-Steroidal Anti-Inflammatory Drug (NSAID) medications for treatment of joints amenable to topical administration. There is evidence that topical Flurbiprofen achieves higher soft tissue concentrations than those with oral administration of this drug. The requested compounded topical Flurbiprofen is reasonable and medically necessary.

Somnicin: 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 Chapter, Insomnia treatment

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

Decision rationale: Somnicin is a proprietary supplement whose active ingredients include 5-hydroxytryptophan, magnesium oxide, melatonin, tryptophan, and vitamin B6 in an oral capsule.

This preparation is marketed as a non-habit forming sleep aid. ODG recommends use of melatonin as a sleep aid, and notes that 5-hydroxytryptophan is also used for treatment of insomnia. The specific combination of ingredients contained in Somnicin is not addressed, and there is no information which would suggest that this combination is superior to its individual ingredients, all of which are available over-the-counter as single agents. ODG recommends evaluation for source of sleep complaints, but no sleep evaluation is documented. In addition, there are no documented insomnia complaints or description of IW's sleep pattern. Medical necessity is not established for the requested Somnicin.

Laxacin: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, medical food section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77 of 127.

Decision rationale: Laxacin is a laxative whose active ingredients include docusate sodium 50 mg and sennosides 8.6 mg. MTUS recommends prophylactic treatment of constipation for patients receiving opioids for chronic pain. Due to documented ongoing opioid use in this case, the requested Laxacin is reasonable and medically necessary.

Topical compound: Gabacyclotran: 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): 111-113 of 127.

Decision rationale: The requested compounded topical medication contains gabapentin and the muscle relaxant cyclobenzaprine. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because MTUS does not recommend topical use of gabapentin or topical use of muscle relaxants, the requested compounded topical medication is not recommended by MTUS. In addition, the available clinical documentation does not include any evidence of neuropathic pain or muscle spasm. Medical necessity is not established for the requested compounded topical cream.

Terocin cream for nighttime use: 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): 111-113 of 127.

Decision rationale: Terocin Lotion contains methyl salicylate 25%, capsaicin 0.025%, menthol 10% and lidocaine 2.50% in a lotion base for topical application. MTUS recommends topical lidocaine as a second-line treatment for neuropathic pain following a trial of a first-line medication such as gabapentin or an SSRI or SNRI antidepressant. MTUS does not recommend topical lidocaine for nociceptive pain. No objective evidence of neuropathic pain or previous trial of a first-line medication for neuropathic pain is documented. Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. Therefore, medical necessity is not established for Terocin lotion.

Terocin patches for daytime use: 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): 111-113 of 127.

Decision rationale: The active ingredients of Terocin patch include menthol 4% and lidocaine 4%. MTUS recommends topical lidocaine as a second-line treatment for neuropathic pain following a trial of a first-line medication such as gabapentin or an SSRI or SNRI antidepressant. MTUS does not recommend topical lidocaine for nociceptive pain. No objective evidence of neuropathic pain or previous trial of a first-line medication for neuropathic pain is documented. Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. Therefore, medical necessity is not established for Terocin patches.