

Case Number:	CM14-0200541		
Date Assigned:	01/13/2015	Date of Injury:	06/27/2012
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 41 year old male with date of injury 6/27/12. The mechanism of injury is stated as a fall. The patient has complained of low back pain since the date of injury. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. EMG of the lower extremities performed in 04/2013 revealed acute and chronic degenerative changes within the paraspinous musculature as well as extremities involving L4-5 and S1 nerve roots, left greater than right. Objective: tenderness to palpation of the paraspinous lumbar musculature, well healed scar lumbar spine. Diagnoses: lumbar spine disc disease, lumbar spinal stenosis, lumbago. Treatment plan and request: Prilosec, genicin, somnicin, terocin patch, menthoderma gel, calypro cream, thiramine, sentra am, sentra pm, gabapone, trepadone, terocin lotion, flurbi cream, gabacloctram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Genicin, ninety count: Upheld

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

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

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for genicin (glucosamine). Per the MTUS guideline cited above, Glucosamine is recommended as an option in patients with moderate arthritis pain especially knee osteoarthritis. There is no documentation in the available medical records listing osteoarthritis or arthritis as a diagnosis. On the basis of this lack of documentation and per the MTUS guidelines cited above, Genicin is not indicated as medically necessary in this patient.

Somnicin,thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Melatonin Section and Medical Food Section, and Mental Illness & Stress Chapter, Vitamin B6 Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for somnicin. Per the guidelines cited above, somnicin (melatonin) is used as a sleep aid. There is no documentation in the available medical records of sleep difficulties or documentation of insomnia as a diagnosis in this patient. On the basis of the above cited guidelines and available medical documentation, genicin is not indicated as medically necessary.

Terocin Patch, twenty count: 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.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin patch is not indicated as medically necessary.

Menthoderm gel, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Page(s): 105 and 111 - 113.

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

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Mentoderm gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Mentoderm gel is not indicated as medically necessary.

Calypso Cream, 113 grams: 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.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for calypso cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such

documentation in the available medical records. On the basis of the MTUS guidelines cited above, the calypxo cream is not indicated as medically necessary.

Theramine, ninety count: 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 Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for theramine, a medical food. Per the MTUS guidelines cited above, theramine is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, theramine is not indicated as medically necessary.

Sentra AM, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medial Food Section and Theramine Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for sentra am, a medical food. Per the MTUS guidelines cited above, sentra am is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, sentra am is not indicated as medically necessary.

Sentra PM, Sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food Section and Theramine Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for sentra pm, a medical food. Per the MTUS

guidelines cited above, sentra pm is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, sentra pm is not indicated as medically necessary.

Gabadone, sixty count: 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 Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for gabadone, a medical food. Per the MTUS guidelines cited above, gabadone is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, gabadone is not indicated as medically necessary.

Trepadone, 120 count: 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 Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Trepadone, a medical food. Per the MTUS guidelines cited above, Trepadone is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, Trepadone is not indicated as medically necessary.

Terocin 120 ml: Upheld

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

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

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Terocin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental,

and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin lotion is not indicated as medically necessary.

Flurbi (NAP) cream, 180 grams: Upheld

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

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

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for Flurbi cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbi cream is not indicated as medically necessary.

Gabacyclotram 180 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 41 year old male has complained of low back pain since date of injury 6/27/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for gabacyclotram, a medical food. Per the MTUS guidelines cited above, gabacyclotram is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, gabacyclotram is not indicated as medically necessary.