

Case Number:	CM14-0201837		
Date Assigned:	12/12/2014	Date of Injury:	01/18/2008
Decision Date:	02/03/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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 is a 62 year-old female with a 1/18/2008 date of injury. According to the 8/14/14 pain management report, the patient presents with 8-9/10 pain involving the neck, mid and low back, both shoulders and both lower extremities. The diagnoses include: cervical radiculopathy; thoracic sprain; lumbar radiculopathy; lumbar disc protrusion; lumbar spinal stenosis; lumbar radiculopathy; bilateral shoulder internal derangement. Subjectively, the topical creams and patches are reported to "decrease pain, walk longer, sit longer, increase sleep" The physician recommended Terocin cream; topical Gabacyclotram; Genicin #90 capsules; Somnicin #30 capsules. Xolindo cream was documented on the 3/3/14 report. Utilization review provided denials for Xolindo 2% cream 118ml; Terocin 120ml Flurbi (NAP) Cream-LA 180 grams; Gabacyclotram 180 grams; Genicin #90; and Somnicin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolindo 2% cream 118ml: 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.

Decision rationale: The patient is a 62 year-old female with chronic pain in the whole spine, both upper and both lower extremities from a 1/18/08 industrial injury. She has been diagnosed with cervical and lumbar radiculopathy and bilateral shoulder internal derangement. The pain management physician has requested Xolido 2% cream 118ml. Xolido is a Lidoderm HCL cream. MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, under the heading "Topical Analgesics" for Lidocaine states: Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS guidelines state that topical lidocaine other than in a dermal patch is not indicated for neuropathic pain. The use of Xolido cream (lidocaine HCL cream) is not in accordance with MTUS guidelines. The request for Xolido 2% cream 118ml is not medically necessary.

Terocin 120ml Flurbi (NAP) cream-LA 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The patient is a 62 year-old female with chronic pain in the whole spine, both upper and both lower extremities from a 1/18/08 industrial injury. She has been diagnosed with cervical and lumbar radiculopathy and bilateral shoulder internal derangement. MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS, in the same section under "lidocaine" state that topical lidocaine other than in a dermal patch is not indicated for neuropathic pain. Terocin is a compounded topical with lidocaine, methyl salicylate, capsaicin, menthol. Terocin cream contains lidocaine, which not MTUS is recommended in lotion, gel or cream form, therefore the whole compounded product is not recommended. Terocin is not medically necessary. Flurbi cream is reported to contain Lidocaine, Amitriptyline and Flurbiprofen. Since the lidocaine portion of Flurbi cream is not recommended, the whole compounded product is not recommended. The request for Terocin 120ml Flurbi (NAP) cream-LA 180 grams is not medically necessary.

Gabacyclotram 180 grams: Upheld

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

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

Decision rationale: The patient is a 62 year-old female with chronic pain in the whole spine, both upper and both lower extremities from a 1/18/08 industrial injury. She has been diagnosed with cervical and lumbar radiculopathy and bilateral shoulder internal derangement. The pain

management physician has requested Gabacyclotram 180 grams. MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS also states that topical muscle relaxant Baclofen is not recommended and also "There is no evidence for use of any other muscle relaxant as a topical product." Gabacyclotram is a compound topical that contains the muscle relaxant Cyclobenzaprine. The topical Cyclobenzaprine is not recommended, therefore the whole compounded product is not recommended. Use of Gabacyclotram is not in accordance with MTUS guidelines. The request for Gabacyclotram 180 grams is not medically necessary.

Genicin #90: Upheld

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

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

Decision rationale: The patient is a 62 year-old female with chronic pain in the whole spine, both upper and both lower extremities from a 1/18/08 industrial injury. She has been diagnosed with cervical and lumbar radiculopathy and bilateral shoulder internal derangement. The pain management physician has requested Ganicin #90. MTUS Chronic Pain Medical Treatment Guidelines, page 50 under Glucosamine (and Chondroitin Sulfate) states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." MTUS offers some support for glucosamine sulfate over glucosamine hydrochloride for arthritis pain for the knees. Ganicin is noted to be glucosamine sulfate. Five medical reports were reviewed from 3/3/14 through 9/15/14 for arthritis pain or diagnoses of arthritis. The reports do not discuss arthritis pain in the knees or arthritis in any other body region, nor did they contain a diagnosis of arthritis. The use of Genicin does not appear to be in accordance with MTUS guidelines. The request for 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: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Medical Foods Pain Chapter online, under Vitamin B.

Decision rationale: The patient is a 62 year-old female with chronic pain in the whole spine, both upper and both lower extremities from a 1/18/08 industrial injury. She has been diagnosed with cervical and lumbar radiculopathy and bilateral shoulder internal derangement. The pain

management physician has requested Somnicin #30. Somnicin is reported to be a compounded product containing Melatonin 2mg, 5HTP 50mg, L-tryptophan 100mg, pyridoxine 10mg (vitamin B6) and Magnesium 50mg. MTUS, ACOEM and ODG guidelines do not discuss Somnicin specifically. MTUS does give a general statement about compounded products under the "Topical Analgesic" section, pages 111-113, stating any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG guidelines under the Pain chapter online in the section on Medical Foods, offers some support for 5HTP, but overall states Medical foods are not recommended for chronic pain. ODG guidelines, Pain Chapter online, under Vitamin B states this is not recommended for the treatment of chronic pain. Since one component of the compound Somnicin is not recommended (Vitamin B), the whole compounded product cannot be completely recommended. The use of Somnicin is not completely in accordance with ODG guidelines. The request for Somnicin #30 is not medically necessary.