

Case Number:	CM14-0204633		
Date Assigned:	12/16/2014	Date of Injury:	04/17/2014
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency 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:

The injured worker is a 51 year-old male, who sustained an injury on April 17, 2014. The mechanism of injury occurred from a trip and fall. Treatments have included: medications, physical therapy, chiropractic. The current diagnosis is bilateral knee internal derangement. The stated purpose of the request for Somnicin quantity 30 was not noted. The request for Somnicin quantity 30 was denied on November 14, 2014, citing a lack of documentation of guideline support. The stated purpose of the request for Genicin quantity 90 was not noted. The request for Genicin quantity 90 was denied on November 14, 2014, citing a lack of documentation of guideline support. The stated purpose of the request for Gabacyclotram 180gm was not noted. The request for Gabacyclotram 180gm was denied on November 14, 2014, citing a lack of documentation of guideline support. The stated purpose of the request for Flurbi (NAP) cream, LA 180gm was not noted. The request for Flurbi (NAP) cream, LA 180gm was denied on November 14, 2014, citing a lack of documentation of guideline support. The stated purpose of the request for Terocin cream 120ml was not noted. The request for Terocin cream 120ml was denied on November 14, 2014, citing a lack of documentation of guideline support. The stated purpose of the request for Omeprazole 20mg quantity 60 was not noted. The request for Omeprazole 20mg quantity 60 was denied on November 14, 2014, citing a lack of documentation of GI distress symptoms. Per the report dated October 6, 2014, the treating physician noted complaints of pain to the neck, back, and both knees. Exam showed full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin quantity 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 (ODG), Chronic pain, Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications- compounded.

Decision rationale: The requested Somnicin quantity 30, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has pain to the neck, back and both knees. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Somnicin quantity 30 is not medically necessary.

Genicin quantity 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications- compounded.

Decision rationale: The requested Genicin quantity 90, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications- compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has pain to the neck, back and both knees. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Genicin quantity 90 is not medically necessary.

Gabaclotram 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): (s) 50, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Salicylate, topicals

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications- compounded.

Decision rationale: The requested Gabacyclotram 180gm, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Treatment in Workers' Comp on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 7/10/14): Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has pain to the neck, back and both knees. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Gabacyclotram 180gm is not medically necessary.

Flurbi (NAP) cream, LA 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): (s) 105, 111-113. Decision based on Non-MTUS Citation National Library of Medicine, www.ncbi.nlm.nih.gov/pubmed/

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

Decision rationale: The requested Flurbi (NAP) cream, LA 180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck, back and both knees. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbi (NAP) cream, LA 180gm is not medically necessary.

Terocin cream 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): (s) 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Salicylate topicals

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

Decision rationale: The requested Terocin cream 120ml, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck, back and both knees. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Terocin cream 120ml is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): (s) 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg quantity 60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both Gastrointestinal (GI) and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the neck, back and both knees. The treating physician has not documented medication-induced Gastrointestinal (GI) complaints nor GI risk factors. The criteria noted above not having been met, Omeprazole 20mg quantity 60 is not medically necessary.