

Case Number:	CM15-0000962		
Date Assigned:	01/12/2015	Date of Injury:	03/01/2010
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old female, who sustained an industrial injury on 3/1/10. She has reported pain in neck with radiation to left upper extremity, bilateral shoulder pain, mid back pain, low back pain with radiation to the buttocks and left lower extremity with numbness complaints in the bilateral big toes. The diagnoses have included headache, cervical sprain/strain, cervical radiculopathy, lumbago, lumbar disc protrusion, lumbar radiculopathy, left shoulder status post-surgery, left shoulder adhesive capsulitis and bilateral carpal tunnel syndrome. Treatment to date has included medications, physical therapy, injections in lower back and left shoulder surgery. Diagnostic testing included x-rays and arthrography of knee. Currently, the IW complains of occasional headaches, constant neck pain with radiation to the right upper extremity with numbness and tingling, low back pain with radiation to the left upper extremity with numbness and tingling; constant left shoulder pain; occasional right wrist/hand pain and constant left wrist/hand pain. The PR2 dated 9/2/14 revealed limited cervical range of motion, tenderness to bilateral trapezius muscle with spasms, tenderness to left trapezius muscles with spasms and tenderness to lumbar spine and paravertebral muscles with spasms bilaterally. She uses a cane to ambulate. On 12/8/14 Utilization Review non-certified a prescription for Percocet 5/325 mg #30, noting the documentation that the prescriptions form one provider, the lowest possible dose is being prescribed and that there will be ongoing documentation of pain relief, functional status and appropriate medication use and side effects. The MTUS, chronic pain guidelines was cited. Utilization Review non-certified a Calypxo Cream noting no documentation of failed trials of antidepressants and anticonvulsants. Non- MTUS, ACOEM

Guidelines, was cited. Utilization non-certified a prescription for Mentherm Gel 120 gm, noting it is used for temporary relief of minor aches and pains and recommended when trials of antidepressants and anticonvulsants have failed. The MTUS, chronic pain guidelines was cited. Utilization Review non-certified a prescription for Somnicin, noting evidence based guidelines do not support compounded medications. Non- MTUS, ACOEM Guidelines, was cited. Utilization Review non-certified Genicin 500 mg #90, noting guidelines necessitate documentation of moderate arthritis pain to support medical necessity. The MTUS, ACOEM guidelines was cited. Utilization Review non-certified a prescription for Gabapentin 180 mg noting guidelines do not consistently support compound medications containing certain medications. The MTUS ACOEM Guidelines was cited. On 12/18/14, the injured worker submitted an application for IMR for review of Percocet 5/325 mg #30, Calypso Cream 113 gm, Somnicin #30, Genicin 500 mg #90 and Gabapentin 180 mg and Mentherm Gel 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, pages 79 and 80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.The patient has been using opioids without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics.

Calypso Cream 113gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Resources Utilized Guidelines, topical analgesics

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant).

Menthoderm Gel 120gm: 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.

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications.

Somnicin #30: Melatonin 2mg, 5HTP 50mg, L Tryptophan, Pyridoxine 10mg, Magnesium 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.napham.com/compound-anxietyinsomnia>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Somnicin. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>

Decision rationale: Somnicin is a medical food and natural sleep aid that is used to promote sleep. There is no controlled studies supporting its use for sleep problems. There is no recent documentation or characterization of the patient sleep problems.

Genicin #90: Glucosamine Sodium 500mg: Upheld

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

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

Decision rationale: Genicin (glucosamine) have been used to treat pain in arthritis. There is a need for more clinical information about the patient condition and the rational behind the request for Genicin before determining medical necessity. There is no documentation of arthritis.

Gabacyclotram 180mg: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical applications Page(s): 112 and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 2nd Edition

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic.