

Case Number:	CM15-0008360		
Date Assigned:	01/26/2015	Date of Injury:	08/27/2004
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 58 year old male who sustained an industrial injury on 8/27/2004. He has reported low back pain. The diagnoses have included lumbar strain and lumbar disc displacement. Treatment to date has included physical therapy, home exercises and medication management. Currently, the Injured Worker complains of low back pain. Magnetic resonance imaging of the lower back on 8/27/2014 showed bulging discs at lumbar 4-5 and lumbar 5 to sacral 1. Treatment plan included 24 acupuncture visits, Flurbiprofen (Nap) cream 180 grams, Gaba/Cyclo/Tram cream 180 grams, Terocin patches #30, Somnicin #30 and a urine drug screen. On 12/16/2014, Utilization Review modified the acupuncture to 6 visits and non-certified Flurbiprofen (Nap) cream 180 grams, Gaba/Cyclo/Tram cream 180 grams, Terocin patches #30, Somnicin #30 and a urine drug screen, noting the lack of medical necessity. The MTUS and Official Disability Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for 24 acupuncture visits, Flurbiprofen (Nap) cream 180 grams, Gaba/Cyclo/Tram cream 180 grams, Terocin patches #30, Somnicin #30 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flurbi (Nap) Cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, and Lidocaine Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Flurbi(nap) cream. There is no documentation of intolerance to other previous medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary. Flurbiprofen is a topical NSAID that has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

24 Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the initial request (of 24 visits) exceeds the guideline recommendations. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

1 Prescription of GabaCycloTram Cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Topical, and Topical Muscle Relaxant, and Topical Anal.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example, including NSAIDs, opioids, local anesthetics or antidepressants). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin and Tramadol are not FDA approved for a topical application. Medical necessity for the requested topical analgesic, GabaCycloTram, has not been established. The requested treatment is not medically necessary.

1 Prescription of Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical, and Capsaicin, Topical, and Salicylate Topical.

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

Decision rationale: According to the California MTUS Guidelines (2009), Terocin, which is a topical analgesic is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These analgesic agents are applied topically (for example, in the form of a cream or patch) to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested Terocin patches has not been established. The requested treatment is not medically necessary.

1 Prescription of Somnicin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Oxitritan (5-hydroxytryptophan), and Magnesium Oxide

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014

Decision rationale: Somnicin consists of magnesium oxide, melatonin, oxitriptan, and tryptophan. This combination of ingredients is useful in the treatment of anxiety and insomnia. The California MTUS Guidelines, including ACOEM, did not reveal any discussion regarding Somnicin, or one of its ingredients, melatonin. The ODG states that melatonin is recommended for the treatment of insomnia and may have some analgesic effect for chronic pain. Somnicin contains multiple components (magnesium oxide and tryptophan) that do not have any evidence-based guidelines to support its use. In this case, there is no documentation of failure of first-line medications for the treatment of insomnia, anxiety and depression, to warrant use of this compounded product that contains other ingredients with no guideline recommendations. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to avoid misuse/addiction, Urine Drug testing, Crit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, when topical Tramadol was being used by the patient, urine drug screens were performed too frequently. Topical Tramadol is not being certified. Therefore, there is no indication for future urine drug screens. Medical necessity for the requested item has not been established.