

Case Number:	CM15-0108882		
Date Assigned:	06/15/2015	Date of Injury:	08/15/2012
Decision Date:	09/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 15, 2012. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for dietary supplements and topical compounds. The claims administrator referenced an RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On July 15, 2014, the applicant reported multifocal complaints of neck, low back, and knee pain, 7-8/10. The applicant was using multiple compounded agents. Naproxen, Theramine, Sentra AM, Sentra PM, GABAdone, and Methoderm gel were prescribed while the applicant was placed off of work, on total temporary disability. On January 15, 2015, the applicant was again placed off of work on total temporary disability, through April 7, 2015, while multiple dietary supplements and topical compounds, including Theramine, Sentra, GABAdone, topical Terocin, Genicin, and Somnicin were prescribed. The applicant was, once again, placed off of work, owing to multifocal complaints of neck, back, shoulder, and knee pain, 7-8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines does acknowledge that Genicin or glucosamine is recommended as an option in the treatment of knee arthritis, given its low risk. However, the attending provider's documentation and progress note of January 15, 2015 did not clearly state that the applicant carried a diagnosis of knee arthritis for which ongoing usage of Genicin (glucosamine) would have been indicated. Therefore, the request was 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, Pain Chapter (Online version), Somnicin; Pain Chapter (Online version), Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, Chronic Pain Chapter, page 926.

Decision rationale: The California MTUS Guidelines do not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Somnicin are not recommended in the chronic pain context present here, as there is no evidence of their efficacy. Here, the attending provider failed to furnish a clear or compelling rationale for usage of Somnicin in the face of the unfavorable ACOEM position on usage of dietary supplements in the chronic pain context present here. Therefore, the request was not medically necessary.

Terocin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN (dailymed.nlm.nih.gov/dailymed/drugInfo).

Decision rationale: According to the National Library of Medicine (NLM), Terocin is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals prior

to introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

Flurbi (NAP) Cream-LA 180gms: 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): 112.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs in the treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators, per a progress note of January 15, 2015, included the cervical spine, lumbar spine, and left shoulder, i.e., body parts for which there is little evidence to utilize topical NSAIDs such as flurbiprofen. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable MTUS position(s) on the same for the body parts in question. Therefore, the request was not medically necessary.

GabaCycloTram 180gms: 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: According to the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more of the ingredients in the compound are not recommended, the entire compound is not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.