

Case Number:	CM15-0132441		
Date Assigned:	07/20/2015	Date of Injury:	09/17/2013
Decision Date:	09/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/09/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 33 year old male, who sustained an industrial injury on 9/17/2013. He reported that his left knee popped when standing from a kneeling position. The injured worker was diagnosed as having right knee medial meniscus tear, right knee chondromalacia patella, bilateral knee internal derangement, left knee anterior cruciate ligament strain, and psychological stress. Treatment to date has included home exercise and medications. On 5/01/2015, the injured worker complained of constant bilateral knee pain, right rated 8/10 and left rated 3/10. His blood pressure was elevated. Range of motion was decreased in the knees and patellar grinding was positive bilaterally. Tenderness was noted along the medial joint line on the right and over the patella on the left. McMurray's test was positive on the right. His current medication regimen was not noted. The treatment plan included Terocin lotion, Flurbi (NAP) cream, Gabacyclotram compound, Genicin capsules, Somnicin capsules, and Theramine tablets. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), pain, melatonin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, medical foods.

Decision rationale: The medical records do not document the presence of a nutritional deficit. ODG supports the medical food class is a food which is formulated to be consumed or administered internally under the supervision of a physician which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. As the medical records do not support the presence of a nutritional deficit, The medical records do not support the medical necessity of somnicin.

Terocin 120ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%): Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate neuropathic pain condition or specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Flurbi NAP cream LA 180gms (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%):
Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate neuropathic pain condition or specific

antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Gabaclotram 180mg (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%): Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate neuropathic pain condition or specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Theramine #180 (Medical food): 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), Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, medical foods.

Decision rationale: The medical records do not document the presence of a nutritional deficit. ODG supports the medical food class is a food which is formulated to be consumed or administered internally under the supervision of a physician which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. As the medical records do not support the presence of a nutritional deficit, The medical records do not support the medical necessity of theramine.