

Case Number:	CM15-0188616		
Date Assigned:	09/30/2015	Date of Injury:	02/01/2015
Decision Date:	12/01/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/24/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 50 year old female who sustained an industrial injury on 02-01-2015. Current diagnoses include right wrist sprain and right carpal tunnel. Report dated 05-13-2015 noted that the injured worker presented with complaints that included right wrist pain with pain radiating to her thumb and finger with numbness and tingling. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination performed on 05-13-2015 revealed tenderness in the right hand, decreased strength, decreased range of motion, and positive Tinel's and Finkelstein's. Previous treatments included medications, wrist support, physical therapy, and chiropractic. The treatment plan included requests for chiropractic treatments, EMG-NCV study of the upper extremities, compound medications, and oral medications, request for previous MRI report, and follow up in 4-6 weeks. The utilization review dated 08-20-2015, non-certified the request for chiropractic visits 2 times a week for 4 weeks to the right wrist, Somnicin #30 capsules, Genicin (glucosamine sodium 500mg) #90, compounded medication-Flurbi (NAP) cream LA 180grams (flurbiprofen 20%, lidocaine 5%, amitriptyline 4%, compound medication-Gabacyclotram 180 grams (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%), and compounded medication-Terocin 120ml (capsaicin 0.025%, methyl salicylate 25%, menthol 10%, lidocaine 2.5%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2 times a week for 4 weeks to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Manipulation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per ODG Guidelines, manipulation for injuries of the hand is not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. This patient has a diagnosis of carpal tunnel syndrome and wrist strain. Per ODG, the requested therapy is not indicated. Therefore, based on the submitted medical documentation, the request for chiropractor services is not medically necessary.

Somnicin #30 capsules: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medication prescriptions. In accordance with California MTUS, the guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Somnicin is a brand name vitamin formulation which contains a multitude of vitamins and supplements. Among them are Melatonin, 5-HTP, L-tryptopan, Vitamin B6 and Magnesium. The medication is not FDA approved for chronic pain syndrome. Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for a Somnicin capsules are not medically necessary.

Genicin (glucosamine sodium 500mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Guidelines, Glucosamine is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. This patient has been documented to have wrist sprain and carpal tunnel syndrome caused by an industrial accident. She has not been documented to have osteoarthritis of the knee or hand. Thus, per MTUS guidelines, the medication is not indicated. Therefore, based on the submitted medical documentation, the request for glucosamine is not medically necessary.

Compounded medication: Flurbi (NAP) cream LA 180grams (flurbiprofen 20%, lidocaine 5%, amitriptyline 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Flurbi NAP cream LA is not medically.

Compound medication: Gabacyclotram 180 grams (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not

appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Gabaclotram is not medically.

Compounded medication: Terocin 120ml (capsaicin 0.025%, methyl salicylate 25%, menthol 10%, lidocaine 2.5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Terocin is not medically.