MAXIMUS Federal Services

Case Number:	CM15-0031224		
Date Assigned:	03/26/2015	Date of Injury:	05/30/1998
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 30, 1998. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for Percocet, topical Terocin, topical Menthoderm cream, Gabacyclotram, Somnicin, Genicin, and several other topical compounded agents. The applicant's attorney subsequently appealed. In a progress note dated December 1, 2014, the applicant reported ongoing complaints of low back pain radiating to the leg, 7-8/10. Topical Menthoderm, topical Terocin, a topical flurbiprofen-containing cream, Gabacyclotram, Genicin, and Somnicin were endorsed, along with a number of other dietary supplements. A lumbar spine specialty consultation was proposed. It was acknowledged that the applicant was status post earlier failed lumbar spine surgery. The applicant's complete medication list was not attached. In a progress note, seemingly undated, the applicant was kept off of work, on total temporary disability, through December 17, 2014. 4/10 low back pain complaints were noted. Neurontin, Naprosyn, Percocet, Menthoderm, and several other topical compounds, and dietary supplements were endorsed, while the applicant was kept off of work. On July 16, 2014, the applicant was given prescriptions for prednisone, Medrol, Naprosyn, Prilosec, and topical Menthoderm. Genetic testing and a vitamin B12 injection were endorsed. The applicant was also using Neurontin and Norco, it was acknowledged, at this point in time. The attending provider did state that the applicant was working at this point in time, although it is acknowledged that the attending provider's reporting appears to have been inconsistent in this area as the applicant was described as working toward the top of the report and off of work at the

bottom of the note. In a progress note dated "September 24, 2014" in one section of the note and "November 14, 2014" in another section of the note, the attending provider stated that he would keep the applicant off of work, on total temporary disability, through December 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was seemingly off of work, on total temporary disability, as of late 2014. The attending provider has failed to outline any meaningful or material improvements in function affected as a result of ongoing gabapentin usage. The fact that the applicant continued to remain dependent on opioid agents such as Percocet, coupled with the fact that the applicant was seemingly off of work, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work,

on total temporary disability, as of late 2014. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing percocet usage (if any). Therefore, the request was not medically necessary.

Teracin 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

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

Decision rationale: Similarly, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "largely experimental." Here, the applicant had already received and used the topical compounded Terocin agent in question for what appear to have been a span of several months. The applicant had, however, failed to profit from the same. The applicant remained off of work, on total temporary disability. Ongoing usage of topical Terocin had failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of topical Terocin. Therefore, the request was not medically necessary.

Flurbi (NAP) Cream-LA 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: 3. Similarly, the request for a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines suggested there is "little evidence" to support usage of topical NSAIDs such as flurbiprofen for treatment of the spine, i.e., the primary pain generator here. Therefore, the request was not medically necessary.

Gabacyclotram 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

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

Decision rationale: Similarly, the request for a Gabacyclotram topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Menthoderm gel 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Similarly, the request for topical Menthoderm Gel was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, despite ongoing Menthoderm usage. Ongoing Menthoderm usage had failed to curtail the applicant's dependence on opioid agents such as Percocet. The attending provider has failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Menthoderm usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Menthoderm. Therefore, the request was not medically necessary.

Somnicin Capsules #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological

Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for Somnicin, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines notes that dietary supplements such as Somnicin are not recommended in the treatment of chronic pain, as they have not been demonstrated to have any meaningful outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Genicin Capsules #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill, 2010 Physicians' Desk reference, 68th edition, www.RxList.com - Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com.

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

Decision rationale: Finally, the request for Genicin (glucosamine) was likewise not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended as an option in the treatment of knee arthritis, in this case, however, the applicant's primary pain generator was the low back. It did not appear that arthritis or knee arthritis were the principal sources of the applicant's ongoing pain complaints. Therefore, the request was not medically necessary.