

Case Number:	CM15-0037320		
Date Assigned:	03/05/2015	Date of Injury:	04/01/2014
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 22-year-old female reported a work-related injury on 04/01/2014. According to the progress note dated 8/4/14, the injured worker (IW) reports constant low back pain, rated 8/10, which radiates to the left leg. The IW was diagnosed with lumbar disc herniation without myelopathy, lumbar degenerative disc disease/degenerative joint disease, lumbar myospasm and left-sided lumbar neuritis/radiculitis. Previous treatments include medications, chiropractic treatment and physical therapy. The Utilization Review (UR) on 02/19/2015 non-certified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 topical lidocaine Page(s): 112.

Decision rationale: This patient presents with severe low back pain radiating to the left leg and left leg pain. The physician is requesting TEROGIN 120 ML. The RFA was not made available for review. The patient's date of injury is from 04/01/2014 and her current work status is currently referred to the primary treating physician. The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy -tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch -Lidoderm- has been designed for orphan status by the FDA for neuropathic pain." No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. The records do not show a history of Terocin use. The report making the request was not made available. In this case, the patient does not present with localized, peripheral and neuropathic pain. Furthermore, lidocaine in cream, lotion or gel formation is not supported by the guidelines. The request IS NOT medically necessary.

Genicin #90 capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine and chondroitin sulfate Page(s): 50.

Decision rationale: This patient presents with severe low back pain radiating to the left leg and left leg pain. The physician is requesting GENICIN QUANTITY 90 CAPSULES. The RFA was not made available for review. The patient's date of injury is from 04/01/2014 and her current work status is currently referred to the primary treating physician. The MTUS Guidelines page 50 on glucosamine and chondroitin sulfate states that it is recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis. The records do not show a history of Genicin use. The report making the request was not made available. There are no MRI or x-ray of the left leg. The patient does not have osteoarthritis. In this case, the patient does not meet the criteria based on the MTUS guidelines. The request IS NOT medically necessary.

Somnicin #30 capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Melatonin, 5HTP, L tryptophan, Pyridoxine, Magnesium.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on Somnicin.

Decision rationale: This patient presents with severe low back pain radiating to the left leg and left leg pain. The physician is requesting SOMNICIN QUANTITY 30 CAPSULES. The RFA was not made available for review. The patient's date of injury is from 04/01/2014 and her current work status is currently referred to the primary treating physician. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Pain

Chapter on Somnicin states, "Not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression. Melatonin appears to reduce sleep onset latency and is used for delayed sleep phase syndrome."The records do not show any previous history of Somnicin. The patient does not have a diagnosis of insomnia. The report making the request was not made available to determine its rationale. In this case, the patient does not meet the criteria set forth by the ODG guidelines. The request IS NOT medically necessary.