

Case Number:	CM15-0055216		
Date Assigned:	03/30/2015	Date of Injury:	10/28/2008
Decision Date:	05/05/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 59 year old female sustained an industrial injury to the back, shoulder and knee on 10/28/08. Previous treatment included magnetic resonance imaging, physical therapy, home exercise, cane, back brace and medications. In the most recent PR-2 submitted for review dated 1/16/15, the injured worker complained of pain to the neck, low back, left shoulder and right knee, rated 7-9/10 on the visual analog scale associated with difficulty sleeping. Physical exam was remarkable for right shoulder with tenderness at the acromial joint and right knee with tender and painful range of motion. Current diagnoses included left shoulder impingement, right knee internal derangement, cervical spine sprain/strain, lumbar spine sprain/strain and hypertension. The treatment plan included continuing home exercise, following up with the primary care provider and OB/GYN for diabetes mellitus and hypertension, topical creams to decrease use of oral medications, refilling medications (Norco and Voltaren gel), replacing cane, back brace, physical therapy twice a week for six weeks and right knee x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin 2.50/100 mg #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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Somnicin. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

Decision rationale: Somnicin is a medical food and natural sleep aid that is used to promote sleep. There is no controlled studies supporting its use for sleep problems. There is no recent documentation or characterization of the patient sleep problems. Therefore, the request for Somnicin 2.50/100 mg #30 is not medically necessary.

Terocin 4%-4% PS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation www.dailymed.nlm.nih.gov.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin lotion contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed a neuropathic pain. Based on the above Terocin 4% is not medically necessary.