

Case Number:	CM15-0058777		
Date Assigned:	05/15/2015	Date of Injury:	08/31/2009
Decision Date:	09/22/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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, Arizona

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 8/31/09. The diagnoses have included status post cervical spine surgery, cervical radiculopathy, lumbar disc protrusion, lumbar spinal stenosis, lumbar radiculopathy, and lumbar facet syndrome. Treatment to date has included diagnostics, medications, surgery, physical therapy, activity modifications, and home exercise program (HEP). Currently, as per the physician progress note dated 2/3/15, the injured worker complains of constant neck pain that radiates to the left upper extremity with numbness and tingling and constant low back pain that radiates to the bilateral lower extremities with numbness and tingling. The pain is unchanged from previous visits. The objective findings reveal decreased cervical range of motion, tenderness to palpation of the cervical spine, and tenderness in the trapezius muscle bilaterally with palpable spasms noted. There is decreased sensation to light touch and pinprick along the nerve root distributions of the bilateral upper extremities. As per progress note dated 12/20/14 the physical exam of the lumbar spine reveals decreased lumbar range of motion, tenderness to palpation of the lumbar spine, palpable spasms of the lumbar spine bilaterally, positive straight leg raise on the right, and positive femoral stretch test on the right. The current medications included Norco, Naproxen, Terocin patches, Terocin lotion, Flurbi (NAP) Cream -LA, Gabacyclotram, Gonicon, Somnicin, Terocin patches, Theramine, Sentra AM, Sentra PM, and Gabadone. The urine drug screen dated 12/10/14 was inconsistent with medications prescribed. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 1/30/15 reveals cervical fusion, calcification/ossification, disc desiccation, disc herniation with stenosis, and degenerative joint changes. The Magnetic Resonance Imaging (MRI) of the lumbar spine

dated 10/29/14 reveals degenerative discogenic spondylosis, disc desiccation with reduced height, disc protrusion, neural foraminal narrowing, spinal stenosis, facet hypertrophy with impingement of the bilateral exiting nerve roots, facet and ligamentum flavum hypertrophy, and encroachment of the descending nerve roots. The physician requested treatments included Aquatic therapy 2 times a week for 4 weeks (cervical and lumbar spine), Re-evaluation 1 time a week for 1 (cervical and lumbar spine), Retrospective request for Naproxen Sodium 550mg (DOS: 1/7/15), Retrospective request for Terocin patches #20 (DOS: 1/7/15), Norco 10/325mg, Naproxen Sodium 550mg, Terocin lotion, Flurbi (NAP) Cream -LA, Gabacyclotram, Gonicin #90, Somnicin #90, Terocin patches #20, Theramine #90, Sentra AM, Sentra PM, and Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x4 (cervical and lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is no mention of the injured worker having a need for reduced weight bearing. Medical necessity has not yet been substantiated. The request is not medically necessary.

Re-evaluation 1x1 (cervical and lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. It is unclear what the re-evaluation entails, whether by therapist or medical practitioner. A medical follow up would be considered appropriate in this setting given the widespread complaints of radicular pain the injured worker exhibits, but without clarification of the request itself, it cannot be supported. The request is not medically necessary.

Retrospective request for Naproxen Sodium 550mg (DOS: 1/7/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. There is no clear rationale as to why the injured worker is to remain on long-term NSAID therapy. The pain is noted to have been unchanged, and there is no specific mention of functional or objective improvement secondary to NSAID therapy. Medical necessity has not been substantiated. The request is not medically necessary.

Retrospective request for Terocin patches #20 (DOS: 1/7/15): 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 Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no frequency within the request itself. There is no mention of failure to first-line oral agents. Pain is unchanged and still severe. Medical necessity has not been substantiated. The request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing pain management Page(s): s 75 and 78.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is no documentation to warrant non-adherence to guideline recommendations. There is no mention of improved ADLs, or function. This request is not medically necessary.

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. There is no clear rationale as to why the injured worker is to remain on long-term NSAID therapy. The pain is noted to have been unchanged, and there is no specific mention of functional or objective improvement secondary to NSAID therapy. Medical necessity has not been substantiated. The request is not medically necessary.

Terocin lotion: 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 Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no frequency within the request itself. There is no mention of failure to first-line oral agents. Pain is unchanged and still severe. Medical necessity has not been substantiated. The request is not medically necessary.

Flurbi (NAP) Cream-LA: 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 Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not

recommended. There is no frequency within the request itself. There is no mention of failure to first-line oral agents. Pain is unchanged and still severe. Medical necessity has not been substantiated. The request is not medically necessary.

Gabacyclotram: 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 Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no frequency within the request itself. There is no mention of failure to first-line oral agents. Pain is unchanged and still severe. Medical necessity has not been substantiated. The request is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genicin. There is lack of mention of moderate osteoarthritis within the documentation submitted. There is no frequency within the request itself. This request is not medically necessary.

Somnicin #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://skylarholdings.com/somnicin%E2%84%A2/> last updated 9/2/2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, UpToDate.

Decision rationale: The CA MTUS and ODG do not discuss Somnicin. Somnicin is an oral medication of natural ingredients that help promote sleep, including Melatonin, L-tryptophan, Vitamin B6, Magnesium, and 5-HTP. Somnicin is a supplement and it is not FDA approved to

treat any medical condition and cannot be considered a medical treatment for any condition. This request is not medically necessary.

Terocin patches #20: 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 Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no frequency within the request itself. There is no mention of failure to first-line oral agents. Pain is unchanged and still severe. Medical necessity has not been substantiated. The request is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary Online version, Theramine and Medical Food.

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

Decision rationale: ODG states that Theramine is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. There is lack of documentation to support non-adherence to guideline recommendations and as such, this request is not supported. The request is not medically necessary.

Sentra AM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary Online version, Medical foods.

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 Food.

Decision rationale: The ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. There is no mention of nutritional deficiencies within the documentation to support this request, and as such, it is non-certified. Sentra AM is considered a medical food, with components including Choline. There is no rationale for the use of this agent within the submitted documentation. As a result, this request is not supported. The request is not medically necessary.

Gabadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary Online version, Gabadone and Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Medical Food.

Decision rationale: The ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. There is no mention of nutritional deficiencies within the documentation to support this request, and as such, it is not medically necessary.