

Case Number:	CM15-0068651		
Date Assigned:	04/16/2015	Date of Injury:	03/29/2012
Decision Date:	07/22/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 York
 Certification(s)/Specialty: Emergency 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 injured worker is a 60 year old female who sustained an industrial injury on 3/29/12. She has reported initial complaints of tripping and falling over uneven cement with injury to right knee and right upper extremity. The diagnoses have included cervical radiculopathy, thoracic strain/sprain, and status post lumbar spine surgery 12/2011 and 11/14/14, lumbar spine strain/sprain, lumbar radiculopathy and left shoulder sprain/strain and right wrist fracture. Treatment to date has included medications, physical therapy, home exercise program (HEP), walker, and conservative measures. The diagnostic testing that was performed included lumbar spine x-ray. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of constant low back pain that radiates to the bilateral lower extremities with numbness and tingling. The pain has decreased from last visit which was 7-8/10 and currently the back pain was rated 5/10 on pain scale. The objective findings revealed lumbar range of motion was decreased. The urine toxicology report dated 2/20/15 was consistent with medications prescribed. The physician treatment plan was medications including compounded topical medications continue home exercise program (HEP) and return in 4 weeks. The physician requested treatments included Laxacin 50mg/8.6mg #100, Terocin 120ml #1, Flurbi (NAP) cream-LA 180gms #1, Gabacyclotram 180 GM #1, Follow up visit in 4-6 weeks, Somnicin #30, Norco 5/325mg #90 and Terocin Pain Patch #120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laxacin 50mg/8.6mg #100: 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 Initiating Therapy [with opioids] Page(s): 77.

Decision rationale: Laxacin is a combination medication used in the treatment of constipation. CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 6 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Prescribing a stool softener in the setting of narcotics is appropriate. It is unclear from the records why a combination product of 2 stool softeners is necessary. Opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. The chart does not include this information. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Laxacin with refills is not medically necessary.

Terocin 120ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are not recommended per the MTUS. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula you have prescribed is not clear. Additionally, the request does not include location of application or frequency of treatment. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing. The request is not medically necessary.

Flurbi (NAP) cream-LA 180gms #1: Upheld

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

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

Decision rationale: Flurbi (NaP) cream-LA is a topical cream with a combination of flurbiprofen, lidocaine, and amitriptyline. According to CA MTUS guidelines, "many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." Lidocaine, in the formulation of a dermal patch, has been approved for neuropathic pain. Its use for non-neuropathic pain in a topical version is not recommended. The request for this topical, compound cream is not medically necessary.

Gabaclotram 180 gms #1: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Gabaclotram in cream that includes gabapentin, cyclobenzaprine, and Tramadol. According to Ca MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Follow up visit in 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain - office visit.

Decision rationale: Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss the signs, symptoms, or differential diagnosis to support the request for a follow-up visit with the requesting provider. On the date of the request, the provider documented "the patient was instructed to continue with the current course of treatment as outlined by her primary treating physician." This provider requested compound medications that have been determined not medically necessary. The documentation does not support a novel care plan or need for follow-up visit with this provider. The request is not

medically necessary.

Somnicin #30: Upheld

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

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

Decision rationale: Per the ODG, somnicin is 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. Guidelines do not support nutritional supplements. Without the support of the guidelines, the request for Somnicin is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Terocin Pain Patch #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are not recommended per the MTUS. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula you have prescribed is not clear. Additionally, the request does not include location of application of patch or frequency of treatment. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing. The request is not medically necessary.