

Case Number:	CM15-0086516		
Date Assigned:	05/08/2015	Date of Injury:	07/07/2013
Decision Date:	09/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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, Illinois

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 injured worker is a 34-year-old male, who sustained an industrial injury on 07/07/2013. On most recent provider visit dated 02/18/2015 the injured worker has reported right knee pain. On examination of the right knee revealed a decreased range of motion. The diagnoses have included right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The provider requested Genicin, Somnicin, Terocin 120 ml Capsaicin, Flurbi (NAP) cream LA 180mgs and Gabacyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90 Caps: Overturned

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

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

Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Glucosamine/Chondroitin (for knee arthritis).

Decision rationale: The injured worker sustained a work related injury on 07/07/2013. The medical records provided indicate the diagnosis of right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The medical records provided for review do indicate a medical necessity for Genicin #90 Caps. Gencine is a drug containing Glucosamine. The MTUS recommends the use of this medication for osteoarthritis of the knee, but is silent on using it for other knee conditions other than osteoarthritis. However, the Official Disability Guidelines states, "Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment." Therefore, the requested treatment is medically necessary.

Somnicin #30 Caps: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 07/07/2013. The medical records provided indicate the diagnosis of right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The medical records provided for review do not indicate a medical necessity for Somnicin #30 Caps. The MTUS is silent on the medication, but the Official Disability guidelines 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." The above request is not medically necessary.

Terocin 120 MI Capsaicin .025 Percent: 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: The injured worker sustained a work related injury on 07/07/2013. The medical records provided indicate the diagnosis of right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The medical records provided for review do not indicate a medical necessity for: Terocin 120 MI Capsaicin .025 Percent. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%, and Lidocaine 2.50%. Therefore, the

requested treatment is not medically necessary due to the presence of Menthol and Lidocaine 2.5% (Lidocaine is only recommended as 5% Lidocaine in Lidoderm patch).

Flurbi (NAP) Cream - LA 180 MG: 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: The injured worker sustained a work related injury on 07/07/2013. The medical records provided indicate the diagnosis of right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The medical records provided for review do not indicate a medical necessity for: Terocin 120 MI Capsaicin .025 Percent. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FLURBI (NAP) Cream LA 180 grams contains Flurbiprofen 20%; Lidocaine 5%; and Amitriptyline 4%. None of the agents is recommended (Lidocaine is only recommended as the Lidoderm patch formulation). The request is not medically necessary.

Gabaclotram 180 MG: 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: The injured worker sustained a work related injury on 07/07/2013. The medical records provided indicate the diagnosis of right knee chondromalacia patella and status post right knee surgery 06/2014. Treatment to date has included oral medication, mediated topical creams and patches. The medical records provided for review do not indicate a medical necessity for: Terocin 120 MI Capsaicin .025 Percent. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabaclotram contains Gabapentin, Cyclobenzaprine, and Tramadol. The requested treatment is not medically necessary since all the agents are all not recommended.

