

Case Number:	CM15-0088550		
Date Assigned:	05/12/2015	Date of Injury:	02/20/2009
Decision Date:	09/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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:

This 66 year old male sustained an industrial injury on 2/20/09. He subsequently reported neck and right upper extremity pain. Diagnoses include cervical radiculopathy, cervicgia, cervical radiculitis, right shoulder internal derangement and right carpal tunnel syndrome. Treatments to date include x-ray and MRI testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience neck, right shoulder and wrist pain with numbness and tingling in the fingers. Upon examination, cervical and shoulder range of motion is decreased. There is tenderness to palpation along the biceps tendon on the right, there is tenderness to palpation along the trapezius muscle on the right shoulder with palpable spasms. Strength is normal and sensation is decreased in the right C6-8 dermatomes. A request for Somnicin, Terocin, Capsaicin, Flurbi NAP, Gabacyclotram and Terocin patch medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #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, Medical foods-Nutritional supplement.

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), Melatonin.

Decision rationale: The Official Disability Guidelines recommend a melatonin as a single agent to improve sleep. The repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Somnicin is a compounded medication. Melatonin compounded with other substances is not recommended. Somnicin #30 is not medically necessary.

Terocin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin 120ml are not medically necessary.

Capsaicin 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Capsaicin 0.025% is not medically necessary.

Flurbi NAP Cream-LA 180mg: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbi NAP Cream-LA 180mg is not medically necessary.

Gabaclotram 180gms: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabaclotram 180gms is not medically necessary.

Terocin Pain Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anti-convulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anti-convulsants. Terocin patches #20 are not medically necessary.