

Case Number:	CM15-0089147		
Date Assigned:	05/15/2015	Date of Injury:	11/27/2014
Decision Date:	09/22/2015	UR Denial Date:	04/03/2015
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:

The 54 year old male injured worker suffered an industrial injury on 11/27/2014. The diagnoses included cervical and thoracic sprain/strain with radiculopathy and right shoulder sprain/strain. The injured worker had been treated with medications. On 3/11/2015 the treating provider reported constant neck pain, rated 9/10 that radiated to the bilateral upper extremities, constant mid back pain rated 8/10 and constant right shoulder pain rated as 9/10. On exam there was reduced cervical, thoracic and right shoulder range of motion with tenderness. The treatment plan included Genicin, Norco, Calypso cream, Terocin patch, Flurbi cream, Terocin lotion, Gabacyclotram, and Somnicin capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genecin #90: Overturned

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, Glucosamine.

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

Decision rationale: According to the MTUS, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). I am reversing the previous utilization review decision. Genecin #90 is medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 5/325mg #60 is not medically necessary.

Calypso cream 113gm: Upheld

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

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

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. NSAIDs are sometimes indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow. If used, NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs should only be prescribed to patients with an intolerance to the oral formulation. Calypso cream 113gm is not medically necessary.

Terocin patch 4% (Menthol 4% Lidocaine 4%) #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 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 anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches 4% (Menthol 4% Lidocaine 4%) #20 are not medically necessary.

Flurbi cream 180gm (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Capsaicin, Baclofen, Other muscle relaxants, Gabapentin, Other antiepilepsy drugs.

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 cream 180gm (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%) is not medically necessary.

Terocin lotion 120mg (Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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 lotion 120mg (Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.5%) is not medically necessary.

Gabaclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm: Upheld

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

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. Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm is not medically necessary.

Somnicin capsules (Melatonin 2mg, 5 HTP 50mg, L-Tryptophan 100mg, Vitamin B6 10mg, Magnesium 50mg) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf, Official Disability Guidelines, Pain, Insomnia Treatment.

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 capsules (Melatonin 2mg, 5 HTP 50mg, L-Tryptophan 100mg, Vitamin B6 10mg, Magnesium 50mg) #30 is not medically necessary.