

Case Number:	CM13-0064946		
Date Assigned:	01/03/2014	Date of Injury:	03/05/2013
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old male who was injured on 03/05/2013. The mechanism of injury is unknown. Prior treatment history has included percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots with cervical facet blocks on 12/09/2013 and 01/06/2014. Diagnostic studies reviewed include x-rays done on 03/28/2013 showing decreased lordosis of the cervical spine. There is a lack of medical information in all the provided medical documents. There are no recent progress reports or medical consultation documents. Progress report dated 03/28/2013 documented the patient with complaints of neck and left arm pain. On March 5, 2013 he reports he heard a "pop" followed by pain. It starts in his neck and travels all the way down to his arm, his first two fingers are numb. The pain feels like pins and needles, sometimes it causes a burning pain in his arm. The patient reports he cannot lay on his back or his right side due to the pain. The only position of relief is lying on his left side with his arm flexed to 90 degrees. AROM measurements of the neck are as follows: Extension left 20 degrees, rotation right 45 degrees, side bending left 45 degrees, side bending right 35 degrees, distraction left side 2/6 and P/A glide left 2/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN/LIDOCAINEAMITRIPTYLINE ON OR AFTER 10/8/13: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. The requested compound has one ingredient, Amitriptyline that is not recommended due to lack of peer-reviewed literature to support its use. Furthermore, topical NSAIDs are recommended for short-term use for osteoarthritis and not for the spine. The request is not medically necessary.

PROSPECTIVE FLURBIPROFEN/LIDOCAINEAMITRIPTYLINE: 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 steroids Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. The requested compound has one ingredient, Amitriptyline that is not recommended due to lack of peer-reviewed literature to support its use. Furthermore, topical NSAIDs are recommended for short-term use for osteoarthritis and not for the spine. The request is not medically necessary.

RETROSPECTIVE NEW TEROGIN LOTION ON OR AFTER 10/08/13: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no

need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. Topical NSAIDs are recommended for short-term use for osteoarthritis and not for the spine. Topical lidocaine and capsaicin are recommended for neuropathic pain or where oral medications have failed. However, failure of oral medications and the presence of neuropathic pain are not established. Therefore, the request is not medically necessary.

PROSPECTIVE NEW TEROGIN 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. Topical NSAIDs are recommended for short-term use for osteoarthritis and not for the spine. Topical lidocaine and capsaicin are recommended for neuropathic pain or where oral medications have failed. However, failure of oral medications and the presence of neuropathic pain are not established. Therefore, the request is not medically necessary.

RETROSPECTIVE GENICIN 500MG ON OR AFTER 10/08/13: 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 (AND CHONDROITIN SULFATE) Page(s): 50.

Decision rationale: According to the CA MTUS guidelines, Genicin "Glucosamine (and Chondroitin Sulfate)" as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was a decrease in ROM of cervical spine. While use of glucosamine sulfate appears to be efficacious for the treatment of arthritis, especially of the knee, studies are lacking regarding the benefit of glucosamine hydrochloride. The request is not medically necessary.

PROSPECTIVE GENICIN 500MG: 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 (AND CHONDROITIN SULFATE) Page(s): 50.

Decision rationale: According to the CA MTUS guidelines, Genicin "Glucosamine (and Chondroitin Sulfate)" as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was a decrease in ROM of cervical spine. While use of glucosamine sulfate appears to be efficacious for the treatment of arthritis, especially of the knee, studies are lacking regarding the benefit of glucosamine hydrochloride. The request is not medically necessary.

RETROSPECTIVE LAXACIN ON OR AFTER 10/08/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Stool Softeners, Docusate (Laxacin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laxacin Oral Docusate and Sennosieds Abdrugs.Com: Docusate Drugs.Com <http://www.drugs.co/ppa/senna.html>.

Decision rationale: The CA MTUS guidelines and ODG do not address the requested medication. According to drugs.com, Laxacin Oral "Docusate and Sennosieds" is a laxative compound used for constipation. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was a decrease in ROM of cervical spine. Provided records fail to document constipation or fecal impaction. The request is not medically necessary.

PROSPECTIVE LAXACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Stool Softeners, Docusate (Laxacin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laxacin Oral Docusate and sennosieds abdrugs.com: docusate drugs.com <http://www.drugs.co/ppa/senna.html>.

Decision rationale: The CA MTUS guidelines and ODG do not address the requested medication. According to drugs.com, Laxacin Oral "Docusate and Sennosides" is a laxative compound used for constipation. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was a decrease in ROM of cervical spine. Provided records fail to document constipation or fecal impaction. The request is not medically necessary.

RETROSPECTIVE GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL ON OR AFTER 10/08/13: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. Regarding topical gabapentin, cyclobenzaprine, and tramadol, each drug is not recommended for topical application by the guidelines. The request is not medically necessary.

PROSPECTIVE GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as an option of treatment that are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient had complained of neck and left arm pain as revealed in the initial assessment of physical therapy report which dated 3/28/2013. On physical examination there was decrease ROM of cervical spine. Regarding topical gabapentin, cyclobenzaprine, and tramadol, each drug is not recommended for topical application by the guidelines. The request is not medically necessary.

RETROSPECTIVE SOMNICIN ON OR AFTER 10/08/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Melatonin (5- Methoxy-N-Acetyltryptamine).

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 CA MTUS guidelines do not address the request. According to ODG, medical foods are formulated to be consumed or administered enterally under the supervision of a physician and are intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established. Somnicin is a medical food for insomnia or depression. However, distinctive nutritional requirements have not been scientifically established for these conditions. Furthermore, insomnia is not established in the medical records. Therefore, the request is not medically necessary.

PROSPECTIVE SOMNICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Melatonin (5- Methoxy-N-Acetyltryptamine).

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 CA MTUS guidelines do not address the request. According to ODG, medical foods are formulated to be consumed or administered enterally under the supervision of a physician and are intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established. Somnicin is a medical food for insomnia or depression. However, distinctive nutritional requirements have not been scientifically established for these conditions. Furthermore, insomnia is not established in the medical records. Therefore, the request is not medically necessary.