MAXIMUS Federal Services

Case Number:	CM14-0024821		
Date Assigned:	07/18/2014	Date of Injury:	07/17/2010
Decision Date:	09/09/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 50-year-old female who reported an injury on 07/17/2010 after she was hit by a 50-pound bag of clothes. The injured worker reportedly sustained an injury to her low back and neck. The injured worker's treatment history included physical therapy, medications, and lumbar epidural steroid injections. The injured worker's diagnoses included cervical and lumbar disc protrusion, brachial radiculitis, lumbar radiculopathy, and depression. The injured worker was evaluated on 01/02/2014. It was documented that the injured worker had continuing neck pain rated at a 7/10 and low back pain rated at a 7/10 with complaints of depression. It was noted that the injured worker did not have any side effects related to medications. It was noted that the injured worker had a reduction in pain from 10/10 to 6-7/10 with medications. Physical findings included limited range of motion and tenderness to the paracervical musculature, and limited range of motion of the lumbar spine with a positive straight leg raising test bilaterally, and tenderness to the paravertebral musculature. The injured worker's treatment plan included a course of acupuncture, chiropractic care, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded cream Terocin 240 ml containing capsaicin 0.025% - methyl salicylates 25%- menthol 1%- lidocaine 2.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

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

Decision rationale: The requested over-the-counter Terocin 240 ml with capsaicin 0.025%, methyl salicylates 25%, menthol 1%, lidocaine 2.5% 3-4 times a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends methyl and methyl salicylate as topical analgesics for osteoarthritic pain. However, the use of capsaicin should be limited to patients who have failed to respond to first-line medications to include antidepressants and anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to antidepressants or anticonvulsants and would require the topical use of capsaicin. In addition, the California Medical Treatment Utilization Schedule does not recommend lidocaine in a cream or gel formulation, as it is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug (or drug class) that is not supported by guideline recommendations is then not recommended. As such, the requested over-the-counter Terocin 240 ml: capsaicin 0.025%, methyl salicylates 25%, methyl 1%, lidocaine 2.5% 3-4 times a day is not medically necessary or appropriate.

Topical Compound, Flurbi (NAP) cream LA 180 gms: Flubiprofen, 20%- Lidocaine 5%- Amitriptyline 4%: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The requested flurbiprofen cream LA 180 gms: flurbiprofen, 20%, lidocaine 5%, amitriptyline 4% for 2-3 times a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of non-steroidal anti-inflammatory drugs for spinal pain. The clinical documentation submitted for review indicates that the injured worker's main pain generators are the cervical and lumbar spine. Therefore, the use of this medication in a topical formulation would not be indicated in this clinical situation. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation, as it is not FDA-approved to treat neuropathic pain. Furthermore, peer-reviewed literature does not support the use of antidepressants as topical analgesics, as there is little scientific evidence to support the safety and efficacy of these medications in a topical formulation. As such, the requested topical compound, for Topical Compound, Flurbi (NAP) cream LA 180 gms: flurbiprofen, 20%, lidocaine 5%, amitriptyline 4% for 2-3 times a day is not medically necessary or appropriate.

Topical Compound Gabacyclotram 18 gms, containing gabapentin 1% - cyclobenzaprine 6% - tramadol 10%: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

Decision rationale: The requested Topical Compound Gabacyclotram 18 gms gabapentin 1%- cyclobenzaprine 6%- tramadol 10% for 2-3 times a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin or cyclobenzaprine as topical analgesics, as there is little scientific evidence to support the efficacy or safety of these medications in a topical formulation. Additionally, peer-reviewed literature does not support the use of opioids in a topical formulation, as there is little scientific evidence to support the efficacy and safety of long term use of these types of medications. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not supported. As such, the requested Topical Compound Gabacyclotram 18 gms gabapentin 1%- cyclobenzaprine 6%- tramadol 10% for 2-3 times a day is not medically necessary or appropriate.

Genicin Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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, Medical Food.

Decision rationale: The requested Genicin is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested Genicin is not medically necessary or appropriate.

Melatonin 2mg 5HTP 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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, Medical Food.

Decision rationale: The requested melatonin 2 mg 5HTP 50 mg is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested melatonin 2 mg 5HTP 50 mg is not medically necessary or appropriate.

L-tryptophan 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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, Medical Food.

Decision rationale: The requested L-tryptophan 100 mg is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested L-tryptophan 100 mg is not medically necessary or appropriate.

Pyridoxine 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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, Medical Food.

Decision rationale: The requested pyridoxine 10 mg is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type

of medication. As such, the requested pyridoxine 10 mg is not medically necessary or appropriate.

Magnesiuum 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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, Medical Food.

Decision rationale: The requested magnesium 50 mg is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested magnesium 50 mg is not medically necessary or appropriate.

Terocin Patch Quantity 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

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

Decision rationale: The requested Terocin patch quantity 20 is not medically necessary or appropriate. The requested contains menthol, methyl salicylate, and capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate in the management of osteoarthritic-related pain. However, the topical use of capsaicin should be reserved for patients who have failed to respond to initial courses of treatment to include antidepressants and anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first-line medications that would require capsaicin as a topical analgesic. The California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug (or drug class) that is not supported not be recommended. Furthermore, the request as it is submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patch quantity 20 is not medically necessary or appropriate.

Cyclobenzaprine HCL 7/5 mg Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested cyclobenzaprine hydrochloride 7/5 mg quantity 60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The use of muscle relaxants should be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has sustained an acute exacerbation of chronic pain and would require a muscle relaxant. It is indicated that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine hydrochloride 7/5 mg quantity 60 is not medically necessary or appropriate.

Robaxin 750 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Robaxin 750 mg quantity 90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The use of muscle relaxants should be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has sustained an acute exacerbation of chronic pain and would require a muscle relaxant. It is indicated that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Robaxin 750 mg quantity 90 is not medically necessary or appropriate.

Sentra AM Quantity 60, Sentra PM Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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, Medical Food.

Decision rationale: The requested Sentra AM quantity 60, and Sentra PM quantity 60 is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested Sentra AM quantity 60, and Sentra PM quantity 60 is not medically necessary or appropriate.

Gabadone Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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, Medical Food.

Decision rationale: The requested Gabadone quantity 60 is not medically necessary or appropriate. This medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines state that medical food is intended for specific dietary management of a disease or condition with distinctive nutritional requirements. The clinical documentation submitted for review does not provide any evidence of nutritional deficits associated with a disease or condition that would require this type of medication. As such, the requested Gabadone quantity 60 is not medically necessary or appropriate.