

Case Number:	CM14-0193455		
Date Assigned:	11/20/2014	Date of Injury:	02/03/2007
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 (IW) is a 47-year-old man with a date of injury of February 3, 2007. The mechanism of injury was not documented in the medical record. Pursuant to the Second Treating Physician's Progress Reports (PR-2) dated September 23, 2014, the IW complains of constant low back pain radiating to the left lower extremity with numbness and tingling rated 7/10. The risks, benefits, and alternatives of the medications were discussed and the IW verbalized understanding. Objective findings revealed lumbar range of motion flexion is 35 degrees, extension 10 degrees, right lateral flexion is 15 degrees, and left lateral flexion is 15 degrees. Straight leg raise test is positive on the left. Tenderness of the lumbar spine is noted with spasms. The current diagnosis is lumbar spine status post-surgery times two. The IW was given a prescription for Ambien 10mg #30 and Norco 10/325mg #60, to be taken as directed. The IW was provided Menthoderm gel 120gms, Calypso cream, Terocin 120ml, and Gabacyclotram 180gms. He was also provided Theramine, Trepadone, and Somnicin Capsuled #30 to be taken as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Genicin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Genecin #90 capsules is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits for improvements in functional outcomes. See guidelines for additional details. Genecin is a medical food. In this case, the injured worker was being treated for low back pain that radiated to the left lower extremity with numbness and tingling. The treating physician requested Genecin (a medical food). The guidelines do not recommend medical foods for chronic pain. Consequently, Genecin #90 is not medically necessary.

Gabacyclotram 180grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabacyclotram 180 g is not medically necessary. Gabacyclotran is a topical analgesic. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. In this case, the treating physician requested the aforementioned topical analgesic. The injured worker was being treated for low back pain that radiated to the left lower extremity with numbness and tingling. Gabapentin topical is not recommended and cyclobenzaprine topical is not recommended. Any compounded product that contains at least one drug (topical gabapentin and topical cyclobenzaprine) that is not recommended, is not recommended. Consequently, topical Gabacyclotram is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabacyclotran 180gm is not medically necessary.

30 Capsules of Somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Somnicin Capsules #30 are not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits for improvements in functional outcomes. See guidelines for additional details. Somnicin is a medical food. In this case, the injured worker was being treated for low back pain that radiated to the left lower extremity with numbness and tingling. The treating physician requested Somnicin, a medical food. The guidelines do not recommend medical foods for chronic pain. Consequently, Somnicin capsules #30 are not medically necessary.

Calypso Cream 1 quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Calypso cream #1 is not medically necessary. Calypso contains methyl salicylate and menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Menthol is not recommended. In this case, the treating physician requested the topical analgesic Calypso. The injured worker was being treated for low back pain that radiated to the left lower extremity with numbness and tingling. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Calypso is not recommended. Consequently, Calypso cream #1 is not medically necessary.