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| Case Number: | CM14-0210131 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 10/20/2010 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 52-year-old male who sustained a work related injury on 10/20/10. Records indicate that in June and July of 2010 he received Supartz Visco supplementation injections to the left knee x5. The 9/30/14(6) attending physician report indicated subjective complaints of constant and severe neck pain radiating into the right upper extremity with associated numbness and tingling. Also reported was constant and severe low back pain traveling into the lower extremities bilaterally with associated numbness and tingling. The record also indicates complaints of constant, severe left knee pain. Physical exam notes cervical and lumbar ROM is limited due to pain. Left knee ROM is limited due to pain. There is tenderness to palpation noted along the popliteal fossa. There is decreased sensation to light touch and pin prick along the L5 and S1 dermatome bilaterally. On this date treatment included an injection of Toradol and Vitamin B12 into the gluteus medius muscle. The IW tolerated the procedure well and reported immediate relief. The current diagnoses are:1. Cervicalgia2. Lumbar radiculitis3. Status-post arthroscopy left kneeThe utilization review report dated 11/19/14 denied the request for (1)Terocin topical cream (capsaicin 0.025%/Methyl Salicylate 25%/Menthol 10%/Lidocaine 2.5%), 120 ml, (2) Compound topical cream: Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 4%, 180 grams, (3) Gabacyclotrammcgs: Gabapentin 10%/Cyclobenzaprine 5%/Tramadol 10%, (4) Genicin (Glucosamine Sodium) 500 mg, ninety count and (5) Somnicin (Melatonin 2mg/SHTP 50 mg/L-tryptophan 100 mg/Pyridoxine 10 mg/magnesium 50 mg), thirty count, based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin topical cream (capsaicin 0.025%/Methyl Salicylate 25%/Menthol 10%/Lidocaine 2.5%), 120 ml: Upheld

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

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

Decision rationale: The injured worker has chronic pain in the neck and upper extremities, low back and lower extremities, and left knee pain. The current request is for Terocin 240ml: Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines state for Lidocaine, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, the use of Lidocaine is not recommended therefore the request for the entire topical compound does not satisfy the MTUS guidelines. As such, the recommendation is for denial.

Compound topical cream: Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 4%, 180 grams: Upheld

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

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

Decision rationale: The injured worker has chronic pain in the neck and upper extremities, low back and lower extremities, and left knee pain. The current request is for Flurbi (NAP) cream-LA180gms: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. 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." "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." "Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic

pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." There is no evidence of a previous trial of first line therapy that was provided in order to warrant the use of Lidocaine. Additionally, lidocaine is approved for use only in the form of a patch. In this case, the use of Lidocaine is not recommended therefore the request for the entire topical compound does not satisfy the MTUS guidelines. Recommendation is for denial.

Gabacyclotram mcgs: Gabapentin 10%/Cyclobenzaprine 5%/Tramadol 10%: Upheld

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

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

Decision rationale: The injured worker has chronic pain in the neck and upper extremities, low back and lower extremities, and left knee pain. The current request is for Gabacyclotram mcgs: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. As such, recommendation is for denial.

Genicin (Glucosamine Sodium) 500 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Section Page(s): 50.

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

Decision rationale: The injured worker has chronic pain in the neck and upper extremities, low back and lower extremities, and left knee pain. The current request is for Genicin (Glucosamine Sodium) 500mg #90. According to the MTUS guidelines Glucosamine is "Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case the patient has been diagnosed with chronic back, neck and knee pain that is arthritic in nature. The MTUS guidelines support the usage of Glucosamine. Recommendation is for authorization.

Somnicin (Melatonin 2mg/SHTP 50 mg/L-tryptophan 100 mg/Pyridoxine 10 mg/magnesium 50 mg), thirty count: Upheld

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 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: Somnicin.

Decision rationale: The injured worker has chronic pain in the neck and upper extremities, low back and lower extremities, and left knee pain. The current request is for Somnicin #30: Melatonin 2mg, 5HTP 50mg, L Tryptophan 100mg, Pyridoxine 10mg, Magnesium 50mg. The MTUS guidelines do not address Somnicin. The ODG guidelines state, "Not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). There is no indication for treatment for any sleep disorder. (Micromedex, 2015) (Lexi Comp, 2015) (Clinical Pharmacology, 2015) This can be purchased over-the-counter." In this case, the physician has prescribed a nutritional supplement that is not recommended for sleep disorders. The current request is not medically necessary and the recommendation is for denial.