

Case Number:	CM14-0210809		
Date Assigned:	01/09/2015	Date of Injury:	08/15/2007
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male with date of injury 8/15/07. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of the pain to the bilateral lower extremities since the date of injury. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature, decreased sensation of the bilateral lateral calves, positive straight leg raise bilaterally. Diagnoses: lumbar stenosis, lumbar radiculitis, lumbar spine degenerative disc disease. Treatment plan and request: Terocin lotion, Flurbi cream, Gabacyclotram, Genicin, Somnicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Terocin 120ml: 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 rationale: This 59 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 8/15/07. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. The current request is for Terocin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin lotion is not medically necessary.

Prospective Usage of Flurbi (NAP) Cream-LA 180gms: 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 rationale: This 59 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. The current request is for Flurbi cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbi cream is not medically necessary.

Prospective Usage of Gabaclotram 180mgs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 59 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. The current request is for gabaclotram, a medical food. Per the MTUS guidelines cited above, gabaclotram is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, gabaclotram is not medically necessary.

Prospective Usage of Genicin #90: Upheld

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

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

Decision rationale: This 59 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. The current request is for genicin (glucosamine). Per the MTUS guideline cited above, Glucosamine is recommended as an option in patients with moderate arthritis pain especially knee osteoarthritis. There is no documentation in the available medical records listing osteoarthritis or arthritis as a diagnosis. On the basis of this lack of documentation and per the MTUS guidelines cited above, Genicin is not indicated as medically necessary in this patient. Therefore this request is not medically necessary.

Prospective Usage of Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://skylarholdings.com/somnicin>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/somnicin

Decision rationale: This 59 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury. He has been treated with lumbar spine fusion and decompression at L5-S1 in 05/2014, epidural steroid injections, physical therapy, acupuncture and medications. The current request is for Somnicin. Per the guidelines cited above, somnicin (melatonin) is used as a sleep aid. There is no documentation in the available medical records of sleep difficulties or documentation of insomnia as a diagnosis in this patient. On the basis of the above cited guidelines and available medical documentation, genicin is not medically necessary.