

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0001741 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 07/24/2014 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old man sustained an industrial injury on 7/24/2014. The mechanism of injury is not detailed. Current diagnoses include lumbago, lumbar sprain and strain, localized osteoarthritis of lower leg, and knee and leg sprain and strain. Treatment has included oral medications. Physician notes dated 10/2/2014 show complaints of back and leg pain. Recommendations include acupuncture, chiropractic care, physical therapy, lumbar support, flexion/extension x-rays of the lumbar spine, refill of medications listed, pain medication management therapy, and initiation of several compounded topical medications. On 12/26/2014, Utilization Review evaluated prescriptions for Genicin #90, Somnicin #30, Ibuprofen 800 mg #600, Tramadol 50 mg #60, Flurbi (NAP) cream-LA 180 grams, Gabacyclotram 180 grams, Ferocin 240 ml, Capsaicin 0.025%, Terocin Pain Patch box #20, Methoderm Gel 120 grams, Calyxpo cream 113 grams for symptoms related to lumbar spine and left knee as an outpatient, that were submitted on 12/30/2014. The UR physician noted the following: regarding the Genicin and Somnicin, the efficacy is not established to warrant continued use. Regarding Ibuprofen, there was no rationale for the medication and no functional benefit documented. Regarding Tramadol, there is no documentation of objective functional improvement. However, due to opioid properties, weaning is recommended. Regarding Flurbi cream, Gabacyclotram, Ferocin, Capsaicin, Terocin patches, Methoderm gel, and Clyxpo cream, there is no documentation that the worker failed a trail of anti-convulsants prior to using this medication or documentation of objective functional improvement since starting the medication. The MTUS, ACOEM

Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin (unspecified dosage and frequency and duration) QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

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

Decision rationale: There is no specified dosage and no specified frequency noted in the request. Genicin (glucosamine) is recommended for osteoarthritis, however there is no documented evidence to support whether or not the injured worker's pain responded to the medication, as well as, no evidence to support why a prescription would be more medically necessary than the over the counter version. The request IS NOT medically necessary.

Somnicin (unspecified dosage and frequency) QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.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, Somnicin.

Decision rationale: There is no specified dose and no specified frequency noted in the request. The Official Disability Guidelines do not recommend the use of Somnicin. The medication is a natural sleep aid that contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine) and is used for treatment of insomnia, anxiety and depression. The injured worker does not have any documented diagnosis of insomnia, anxiety and depression to warrant the medication medically necessary. The request IS NOT medically necessary.

Ibuprofen 800mg (unspecified frequency and duration) QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: There is also no specified frequency and no specified duration noted in the request. There is no evidence in the documentation to support why a prescription version is more medically necessary than the over the counter version. The request IS NOT medically necessary.

Tramadol 50mg (unspecified frequency & duration) QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: There is no specified frequency and no specified duration noted in the request. There was no assessment regarding average pain, intensity or longevity of pain relief regarding this medication. The most recent urine drug screen on file was on 11/26/2014. The request IS NOT medically necessary.

Omeprazole 20 (unspecified dosage, frequency and duration) QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: There is also no specified dosage, frequency or duration noted in the request. There is no objective or subjective documentation noting gastrointestinal upset. Therefore, the use of a proton pump inhibitor would not be medically necessary.

Flurbi(NAP) cream-LA 180grams (unspecified quantity and refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: There is no specified quantity and no specified number of refills noted in the request. Topical analgesics have not be shown to result in better pain control than oral medications. There are no objective findings showing the injured worker had a lack of tolerance to oral medications, therefore the use of a topical is not medically necessary.

Gabacyclotran 180 grams (unspecified quantity and refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: There is no specified quantity and no specified number of refills noted on the request. Topical analgesics have not be shown to result in better pain control than oral medications. There are no objective findings showing the injured worker had a lack of tolerance to oral medications, therefore the use of a topical is not medically necessary.

Ferocin 240ml: Capasaicin 0.025% (unspecified quantity and refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: There is no specified quantity and no specified number of refills noted on the request. Topical analgesics have not be shown to result in better pain control than oral medications. There are no objective findings showing the injured worker had a lack of tolerance to oral medications, therefore the use of a topical is not medically necessary.

Terocin pain patch box QTY: 20.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The only approved topical analgesic patch is lidocaine. All others have not undergone testing to prove the effectiveness in treating chronic pain. Due the lack of scientific studies showing pain alleviation, the medication cannot be warranted as medically necessary. The request IS NOT medically necessary.

Menthoderm gel 120 grams (unspecified quantity and refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: There is no specified quantity and no specified refills included in the request. Topical analgesics have not be shown to result in better pain control than oral medications. There are no objective findings showing the injured worker had a lack of tolerance to oral medications, therefore the use of a topical is not medically necessary.

Calyxpo cream 113 grams (unspecified quantity and refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference 68th edition, www.Rxlist.com, Official Disability Guidelines, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: There is no specified quantity or no specified number of refills included in the request. Topical analgesics have not be shown to result in better pain control than oral medications. There are no objective findings showing the injured worker had a lack of tolerance to oral medications, therefore the use of a topical is not medically necessary.