

<b>Case Number:</b>	CM15-0116575		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency Medicine

### 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 49 year old female who sustained an industrial injury on 9/16/11. The injured worker was diagnosed as having lumbar spine strain/sprain, bilateral hip pain with right sided osteoarthritis, status post hip arthroscopy and left hip pain with possible labral tear. Currently, the injured worker was with complaints of low back radicular pain and right hip pain. Previous treatments included injection therapy, medication management. Previous diagnostic studies included ultrasound, radiographic studies revealing mild degenerative changes and magnetic resonance imaging. The injured workers pain level was noted as 7/10 in the right hip and 5/10 in the low back. Physical examination was notable for tenderness to palpation to the lumbar spine, paravertebral muscles and gluteus muscles. The plan of care was for Somnicin quantity of 30, Ambien 10 milligrams quantity of 30, Percocet 10/325 milligrams quantity of 120, Xanax 1 milligrams quantity of 60, Terocin 120 milligrams: Capsaicin 0.025%, Gabacyclotram 180 micrograms, Terocin pain patch quantity of 20, and Flurbi (NAP) cream-LA 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Somnicin #30:** Upheld

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

**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 request is for Somnicin quantity of 30. The injured worker was with reports of hip and lumbar pain. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide recommendations state that Somnicin is not recommended, stating "Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression." Provider documentation dated 1/14/15, 2/25/15, and 4/8/15 did not state insomnia, anxiety and/or depression as a diagnosis or mention any mention insomnia, anxiety and/or depression in the subjective/objective list of complaints. As such, the request for Somnicin quantity of 30 is medically unnecessary.

**Ambien 10mg #30:** Upheld

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

**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: Zolpidem.

**Decision rationale:** The request is for Ambien 10 milligrams quantity of 30. The injured worker was with complaints of low back radicular pain and right hip pain. MTUS was silent on the requested treatment, therefore ODG was referenced. ODG recommendations state that "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia...They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Provider documentation dated 1/14/15 notes a prescription for Ambien 10mg quantity of 30mg, as does provider documentation dated 2/25/15 and 4/8/15 as to validate chronic use of Ambien. As such, the request for Ambien 10 milligrams quantity of 30 is not medically necessary.

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet Page(s): 78, 79, 97.

**Decision rationale:** The request is for Percocet 10/325 milligrams quantity of 120. The injured worker was with complaints of low back radicular pain and right hip pain. CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Provider documentation with an examination date of 1/14/15 notes the injured workers pain level at 7/10 in the low back and 10/10 in the right hip and the injured worker was prescribed Oxycodone 20mg, 180 tablets. Examination date of 2/25/15 the injured worker was with 7/10 low back pain and 10/10 right hip pain and was prescribed Norco 10/325mg 240 tablets, however documentation shows in the 4/8/15 examination the injured workers pain levels were decreased and the pain medication was changed back to Oxycodone without an indication. Additionally, a urine drug screen is not provided in the documentation. As such, the request for Percocet 10/325 milligrams quantity of 120 is not medically necessary.

**Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alprazolam (Xanax).

**Decision rationale:** The request is for Xanax 1 milligram quantity of 60. The injured worker was with complaints of low back radicular pain and right hip pain. CA MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Official Disability Guide guidelines states Alprazolam (Xanax) is not recommended for long-term use. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Provider documentation does not document a diagnosis of anxiety disorder or depression, or list anxiety and/or depression in the subjective/objective list of complaints. Additionally there is no urine drug screen in the provided documentation. The injured worker was prescribed Norco and Percocet which are opioids that are dangerous when taken in combination with Xanax. As such, the request for Xanax 1 milligram quantity of 60 is not medically necessary.

**Terocin 120mg: Capsaicin 0.025%:** Upheld

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

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

**Decision rationale:** The request is for Terocin 120 milligrams: Capsaicin 0.025%. The injured worker was with complaints of low back radicular pain and right hip pain. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no documentation of failure or intolerance of first line oral medications for the treatment of pain. As such, the request for Terocin 120 milligrams: Capsaicin 0.025% is not medically necessary.

**Gabacyclotram 180mgs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112, 113.

**Decision rationale:** The request is for Gabacyclotram 180 micrograms. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as there isn't peer reviewed literature to support its use. As such, the request for Gabacyclotram 180 micrograms is not medically necessary.

**Terocin pain patch #20:** Upheld

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

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

**Decision rationale:** The request is for Terocin pain patch #20. The injured worker was with complaints of low back radicular pain and right hip. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no documentation of failure or intolerance of first line oral medications for the treatment of pain. CA MTUS states that Lidocaine is "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy," and Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Provider documentation does not show failure of a first line therapy. As such, the request for Terocin pain patch #20 is not medically necessary.

**Flurbi (NAP) cream- LA 180gms: Upheld**

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

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

**Decision rationale:** The request is for Flurbi (NAP) cream- LA 180 grams. The injured worker was with complaints of low back radicular pain and right hip pain. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Provider documentation does not show failure of a first line therapy. CA MTUS guidelines state the efficacy of topical NSAIDs is greatest in the first 2 weeks of use. They are "recommended for short-term use (4-12 weeks)." In addition guidelines state, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." As such, the request for Flurbi (NAP) cream- LA 180 grams is not medically necessary.