

<b>Case Number:</b>	CM15-0119645		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 32 year old male who sustained an industrial injury on 01/15/2014. The injured worker was diagnosed with thoracic sprain/strain, lumbar spinal stenosis and lumbar radiculopathy. Treatment to date has included diagnostic testing, lumbar epidural steroid injection in September 2014, left knee brace and medications. According to the treating physician's progress report dated October 22, 2014, the injured worker continues to experience low back and left hip pain with pain down his leg with improvement since the lumbar epidural steroid injection on September 16, 2014. The injured worker rated his pain level at 4-6/10. The injured worker was noted to be obese, walked with a slight antalgic gait and was unable to walk on his heels and toes. Pain to palpation was noted over the paraspinal muscles with range of motion restricted 5 degrees at forward flexion. Extension, lateral rotation and flexion were within normal limits. The hips revealed no tender points, no crepitus or clicking with full range of motion bilaterally. Examination of the knees demonstrated no tenderness, edema, crepitus, negative testing and full range of motion. Motor strength and sensory of the hips and bilateral lower extremities were intact. Current medication is listed as Norco and Flexeril. Treatment plan consists the current request for Norco 7.5/325mg, Somnicin, Genicin, Theramine, Omeprazole, Gabacyclotram 180mgs, Flurbi (NAP) cream LA 180gms - Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%; Terocin 120ml - Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10%, Lidocaine 2.5% and Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 67-69.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Prilosec, as stated in the above request, is determined not to be a medical necessity at this time.

**Terocin 120ml- Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%: 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 111-113.

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Terocin Topical Compound. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Terocin as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Terocin Compound is not medically necessary.

**Flurbi (NAP) cream LA 180gms- Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%: 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 111-113.

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for a topical compound medication. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The request for the compounded medication is not medically necessary.

**Gabacyclotram 180mgs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 41.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Topical Compound. MTUS guidelines state the following: The addition of cyclobenzaprine to other agents is not recommended. According to the clinical documentation provided and current MTUS guidelines; a Topical Compound is not indicated as a medical necessity to the patient at this time.

**Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 41.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Topical Compound. MTUS guidelines state the following: The addition of cyclobenzaprine to other agents is not recommended. According to the clinical documentation provided and current MTUS guidelines; a Topical Compound is not indicated as a medical necessity to the patient at this time.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Medical Food Theramine.

**Decision rationale:** Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Theramine. Guidelines state the following: Not recommended, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes.

According to the clinical documentation provided and current guidelines; Theramine is not indicated as a medical necessity to the patient at this time.

**Genicin #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page 50.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Genicin. MTUS guidelines state the following: Glucosamine is recommended as an option in osteoarthritis. The patient current lack documentation for this diagnosis. According to the clinical documentation provided and current MTUS guidelines; Genicin is not indicated as a medical necessity to the patient at this time.

**Somnocin #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**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, Medical Food.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Somnicin. Guidelines state the following: Not Recommended. According to the clinical documentation provided and current guidelines; Somnicin is not indicated as a medical necessity to the patient at this time.

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side

effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.