

Case Number:	CM15-0122001		
Date Assigned:	07/06/2015	Date of Injury:	03/14/2014
Decision Date:	09/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 67-year-old female who sustained an industrial injury on 03/14/2014. Diagnoses include degenerative spondylolisthesis at L4-5; grade I. Treatments attempted previously were not documented. According to the progress notes dated 12/29/14, the IW reported low back pain, unchanged since her last office visit. The pain was aggravated by prolonged sitting and walking and was worse if she attempted to lift a heavy object. On examination, the lumbar spine was tender to palpation and range of motion was 80% of normal. Straight leg raise was negative. Motor strength, reflexes and sensation were within normal limits. A request was made for Genicin (Glucosamine sodium) 500mg, #90; Somnicin (Melatonin 2mg-5HTP-50mg-L tryptophan 100mg-Pyridoxine 10mg-Magnesium 50mg), #30; Terocin 240ml: Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%; Flurbi (NAP) cream-LA: Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%, 180gms; Gabacyclotram: Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%, 180gms; and chiropractic therapy two times a week for four weeks for the lumbar spine, all per 3/23/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin (Glucosamine sodium 500mg) #90 per 3/23/15 order: 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 Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine.

Decision rationale: Genicin is a brand named version of glucosamine sulfate. MTUS and ODG state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets." Medical records do indicate the patient undergoing treatment for unspecified osteoarthritis, but does not specify the location(s) of the osteoarthritis and does not provide collaborating exam findings or other diagnostic information to support such a diagnosis. As such, the request is not medically necessary.

Somnicin (Melatonin 2mg-5HTP-50mg-L tryptophan 100mg-Pyridoxine 10mg-Magnesium 50mg) #30 per 3/23/15 order: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food and Other Medical Treatment Guidelines <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

Decision rationale: MTUS is silent regarding Somnicin. Somnicin is classified as medical food "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The package inserts indicates that Somnicin is a "natural sleep aid" that "helps and promotes sleep" and contains Melatonin 2 mg, 5-HTP (5-hydroxytryptopan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, and Magnesium 50 mg. Medical documents do not establish deficiency in nutritional requirements and do not indicate how the requested medication would specifically address the deficiency. As such, the request for Somnicin is not medically necessary.

Terocin 240ml: Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5% per 3/23/15 order: 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 Topicals Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request is not medically necessary.

Flurbi (NAP) cream-LA: Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4% 180 gm per 3/23/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request is not medically necessary.

Gabacyclotram: Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10% 180 grams per 3/23/15 order: 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 Topicals Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request is not medically necessary.

Chiropractic therapy 2 times a week for 4 weeks lumbar spine per 3/23/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care" Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care & Not medically necessary. Recurrences/flare-ups "Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Medical documents indicate that patient has undergone prior chiropractic sessions, which would not be considered in the "trial period" anymore. The treating provider has not demonstrated evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. As such, the request 8 additional sessions of chiropractic manipulation is not medically necessary.