

Case Number:	CM15-0125133		
Date Assigned:	07/09/2015	Date of Injury:	04/30/2013
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 54 year old male patient, who sustained an industrial injury on April 30, 2013. He reported an injury to his head, left shoulder and the low back. The diagnoses associated with the request include disc herniation at L2-3 and lumbar radiculopathy. He sustained the injury due to fall. Per the doctor's note dated 5/26/15, he had complains of severe back pain with radiation of pain, numbness and weakness to the left leg. He noted that his pain affects his sleep. He noted that his back pain and radiation of pain increases with activity and was partially relieved with medications. The physical examination revealed a slow gait with a limp on the left leg, positive straight leg raise test bilaterally, severe muscle spasm of the lumbosacral spine, pain and radiation of pain into the left lower extremity with lumbar range of motion. The medications list includes Norco. He has undergone interbody fusion at L3-4 and L4-5 in 2009. He has had MRI of the right shoulder, MRI of the lumbar spine and CT lumbar spine for this injury. Other therapy done for this injury was not specified in the records provided. The treatment plan includes MRI of the lumbosacral spine. A request was received for Genicin, Terocin, Gabaclyclotram and Laxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 capsules of Genicin: 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 Page 50 of 127 Glucosamine (and Chondroitin Sulfate).

Decision rationale: 90 capsules of Genicin. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by ██████████ ██████████ concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." Evidence of knee joint pain or arthritis is not specified in the records provided. An X-ray report demonstrating osteoarthritis is not specified in the records provided. 90 capsules of Genicin are not medically necessary at this time.

Terocin 240mg: 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): 111-113.

Decision rationale: Terocin 240mg. Terocin lotion contains methyl salicylate, Capsaicin, Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Failure of antidepressant or anticonvulsant is not specified in the records provided. Any intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. Terocin 240 mg is not medically necessary for this patient at this juncture.

Gabacyclotram 180grams: 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, pages 111-113.

Decision rationale: Gabacyclotram 180grams. Cyclobenzaprine is a muscle relaxant and gabapentin is anti convulsant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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." "Topical NSAIDs-There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. Gabacyclotram 180grams is not medically necessary for this patient.

100 tablets of Laxacin 50-8.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15), Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex FDA labeled indication for Docusate sodium.

Decision rationale: 100 tablets of Laxacin 50-8.6mg. Laxacin contains Docusate sodium and senna. According to the Thompson Micromedex FDA labeled indication for Docusate includes "constipation care." According to the Thompson Micromedex "Senna is stated to possess cathartic properties (leaf greater than fruit) and has been used traditionally for

constipation." The medications list includes opioid-Norco, which may cause constipation. However, a detailed history regarding constipation is not specified in the records provided. A detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation were not specified in the records provided. A rationale for the use of combination medicine for constipation versus single medication for constipation is not specified in the records provided. The medical necessity of 100 tablets of Laxacin 50-8.6mg is not fully established for this patient.