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| Case Number: | CM15-0129709 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 05/25/2014 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male with an industrial injury dated 05/25/2014. The mechanism of injury is documented as a fall with injury to right knee and foot. His diagnoses included headache, back disorder, post-concussion syndrome, brachial neuritis or radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis, derangement of meniscus, tarsal tunnel syndrome, plantar fascial fibromatosis and anxiety state. Comorbid diagnosis was hypertension. Prior treatments included knee brace, cane, physical therapy, medications and diagnostics. He presents on 04/27/2015 for follow up. He rated the pain level as 7-8/10. Range of motion remained unchanged from previous visit. Physical therapy helped improve symptoms. Physical examination of the cervical spine revealed abnormal range of motion with tenderness in the neck area. Range of motion of the thoracic spine and lumbar spine revealed abnormal findings. She was tender over paraspinal area bilaterally. Straight leg raising was positive. There was tenderness noted in the right ankle and foot. Treatment plan included consult with neurology, urine drug screen and medications. Treatment request is for: CMPD; Flurbiprofen/ Cyclobenzaprine/Gabapentin/PCCA Lipo Day Supply: 22, Quantity: 180; POS Somnicin Cap, Day Supply: 15, Quantity: 30 with 1 refill; Terocin DIS 4-4% Day Supply 15, Quantity: 30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Somnicin Cap, Day Supply: 15, QTY: 30 with 1 refill: 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 Chapter, Somicin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Medical foods.

Decision rationale: Pursuant to the Official Disability Guidelines, POS Somnicin capsules 15-day supply, #30 with one refill is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are headache; essential hypertension; unspecified back disorder; post concussion syndrome; brachial neuritis/radiculitis; lumbago; derangement meniscus NOS; tarsal tunnel syndrome; plantar facial fibromatosis; anxiety. Date of injury is May 25, 2014. Request for authorization is June 12, 2015. The earliest progress note containing Somnicin, topical compound (flurbiprofen, cyclobenzaprine, gabapentin/PCCA Lipo) and Terocin patches is dated April 27, 2015. Subjectively, the documentation states a pain scale 8/10 with no specific anatomical regions noted. According to a May 27, 2015 progress note, the injured worker's status post right knee surgery. Objectively, there is tenderness palpation over the cervical spine lumbar spine and thoracic paraspinal muscle. There are no current medications documented in progress note dated May 27, 2015. Somnicin appeared in the April 27, 2015 progress note. There is no subsequent documentation indicating objective functional improvement. Additionally, medical foods are not recommended for chronic pain. Consequently, absent clinical documentation with a current list of medications, documentation demonstrating objective functional improvement and guideline non-recommendations or medical foods, POS Somnicin capsules 15-day supply, #30 with one refill is not medically necessary.

Terocin DIS 4-4% Day Supply:15, QTY: 30 with 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin DIS 4-4%, 15-day supply, #30 with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved

topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; essential hypertension; unspecified back disorder; post concussion syndrome; brachial neuritis/radiculitis; lumbago; derangement meniscus NOS; tarsal tunnel syndrome; plantar facial fibromatosis; anxiety. Date of injury is May 25, 2014. Request for authorization is June 12, 2015. The earliest progress note containing Somnicin, topical compound (flurbiprofen, cyclobenzaprine, gabapentin/PCCA Lipo) and Terocin patches is dated April 27, 2015. Subjectively, the documentation states a pain scale 8/10 with no specific anatomical regions noted. According to a May 27, 2015 progress note, the injured worker's status post right knee surgery. Objectively, there is tenderness palpation over the cervical spine lumbar spine and thoracic paraspinal muscle. There are no current medications documented in progress note dated May 27, 2015. Lidocaine and non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. There is no documentation demonstrating objective functional improvement to support Terocin patches. Additionally, there is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Consequently, absent clinical documentation demonstrating objective functional improvement, a current list of ongoing medications and failed first-line treatment with antidepressants and anticonvulsants, Terocin DIS 4-4%, 15-day supply, #30 with one refill is not medically necessary.

CMPD - Flurbiprofen/Cyclobenzaprine/Gabapentin/PCCA Lipo Day Supply: 22, QTY: 180: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CMPD - Flurbiprofen, Cyclobenzaprine, Gabapentin/PCCA Lipo 22 day supply: 22, #180 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; essential hypertension; unspecified back disorder; post concussion syndrome; brachial neuritis/radiculitis; lumbago; derangement meniscus NOS; tarsal tunnel syndrome; plantar facial fibromatosis; anxiety. Date of injury is May 25, 2014. Request for authorization is June 12, 2015. The earliest progress note containing Somnicin, topical compound (Flurbiprofen, cyclobenzaprine, gabapentin/PCCA Lipo) and Terocin patches is dated April 27, 2015. Subjectively, the documentation states a pain scale 8/10 with no specific anatomical regions noted. According to a May 27, 2015 progress note, the injured worker's status post right knee surgery. Objectively, there is tenderness palpation over the cervical spine lumbar spine and thoracic paraspinal muscle. There are no current

medications documented in progress note dated May 27, 2015. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating failed first-line treatment with antidepressants and anticonvulsants. Flurbiprofen is not recommended. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, compound Flurbiprofen, cyclobenzaprine, gabapentin/PCCA Lipo is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, CMPD - Flurbiprofen, Cyclobenzaprine, Gabapentin/PCCA Lipo 22 day supply: 22, #180 is not medically necessary.