

Case Number:	CM15-0142996		
Date Assigned:	08/07/2015	Date of Injury:	07/26/2002
Decision Date:	10/22/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Anesthesiology

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 66 year old woman sustained an industrial injury on 7-26-2002. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain and lumbar spine sprain-strain. Treatment has included oral medications. Physician notes dated 7-8-2015 show complaints of neck pain rated 9 out of 10 with radiation to the right upper extremity and constant low back pain rated 10 out of 10 with radiation to the bilateral lower extremities with numbness and tingling. Physical examination showed muscle spasms, positive bilateral leg raise, and decreased range of motion in the lumbar spine. Recommendations include Cyclobenzaprine, Ibuprofen, Terocin compounded topical, Flurbiprofen compounded topical, Gabacyclotram compounded topical, Genicin, Somnicin, Theramine, Sentra AM and PM, Gabadone, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow-up visit: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Office visits.

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): Office Visits.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the plan of care included a follow-up in one month which is considered to be medically reasonable and necessary. However, CPT code 99214 is a doctor's visit for the evaluation of an established patient for a detailed history, examination, and a medical decision of moderate complexity. Medical necessity for this level of evaluation has not been established. The request for this service is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is not maintained on any opiate medications. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genicin.

Decision rationale: According to the ODG, Genicin (glucosamine) is not recommended for the treatment of low back pain. Glucosamine is not significantly different from placebo for reducing pain-related disability or improving health-related quality of life in patients with chronic low back pain (LBP) and degenerative lumbar osteoarthritis, and it should not be recommended for patients with lower back pain. Glucosamine is a precursor molecule involved in building tendons, ligaments, and cartilage. It is hypothesized to restore cartilage and to have anti-inflammatory properties, and, despite conflicting data on its efficacy, has become widely used as a treatment for osteoarthritis. It has also become more widely used for LBP, including degenerative lumbar osteoarthritis. In this case, the patient has chronic neck pain and LBP, and there is no indication for the use of Genicin. Medical necessity for the requested medication has not been established. This medication is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008: 487-504.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: According to the ODG, melatonin is recommended for insomnia treatment. Melatonin also has an analgesic effect in patients with chronic pain. Somnicin contains melatonin, 5-HTP, L-tyrptopan, Vitamin B6 and magnesium. There is no documentation indicating functional benefit from the use of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The medication has its greatest effect in the first four days of treatment. It is not recommended for the long-term treatment of chronic pain. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available

information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating capsaicin. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Flurbi (NAP) cream-La 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Flurbi (NAP) cream. This topical cream contains: Flurbiprofen 20%, Tramadol 10%, and Cyclobenzaprine 6%. There is no documentation of intolerance to other previous oral medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. Medical necessity for the requested topical compounded medication has not been established. The requested topical cream is not medically necessary.

Gabaclyotram 180mgs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent is Gabapentin, Cyclobenzaprine, Tramadol (GabaCycloTram) cream. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin and Tramadol are not FDA approved for a topical application. There is no peer-reviewed literature to support its use. Medical necessity for the requested compounded topical analgesic cream has not been established. The request for the compounded topical analgesic agent is not medically necessary.

Sentra AM #60: 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 (Chronic): Sentra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra Product Information.

Decision rationale: Sentra AM is a Medical Food that is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and cognitive impairment involving arousal, alertness and memory. There is no support for the use of medical food in the treatment of chronic pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item has not been established. The requested medical food is not medically necessary.

Sleep study: 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 (Chronic): Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Objective measures of sleep may be obtained by means of electroencephalography (EEG) or polysomnography (PSG). These studies may be helpful in determining sleep and wakefulness in the intensive care unit (ICU) or in the sleep laboratory. Monitored PSG is the standard for evaluating measures of sleep. This study includes measures of multiple channels EEG electro-oculography (EOG), chin and leg electromyography (EMG), nasal and oral airflow, oximetry, abdominal and chest movements, and electrocardiography (ECG). Monitored PSG can help the physician discriminate between rapid eye movement (REM) sleep and non-REM (NREM) sleep, as well as determining causes of sleep disturbance. Patients with chronic medical conditions, such as fibromyalgia or anxiety disorders, often have characteristic alpha brain-wave activity that intrudes into the deeper stages of sleep. This activity can readily be seen on the EEG during PSG. Patients with insomnia often have some degree of sleep-state misperception, wherein they perceive and believe that they achieve significantly less sleep than they actually do. This can be documented by correlating the EEG findings from the PSG with patient subjective reports of sleep duration and onset. In this case there is no documentation indicating the patient has had insomnia for at least 6 months. Medical necessity for the requested study has not been established. The requested study is not medically necessary.