

Case Number:	CM15-0175317		
Date Assigned:	09/16/2015	Date of Injury:	01/09/2013
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, Illinois

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 is a 68-year-old female who sustained industrial injuries on January 9, 2013. Diagnoses have included cervical spondylosis without myelopathy, degeneration of thoracic or lumbar intervertebral disc, lumbago, sciatica, osteoarthritis, rheumatoid arthritis, and insomnia. Documented treatment for injuries include home exercise; use of a TENS unit; medication including Naproxen, Tramadol, Terocin patch, topical compound cream; and, medical foods: Theramine, Sentra, and GABAdone. The injured worker continues to present with constant headaches rated at 5 out of 10; neck pain radiating to both upper extremities with numbness and tingling; and, constant low back pain radiating to the left lower extremity with rating of 5 out of 10. Cervical range of motion on July 8, 2015 was flexion 35 degrees, extension 40 degrees, right and left rotation 60 degrees, and, right and left lateral flexion 25 degrees. Lumbar range of motion was flexion 25 degrees, extension 5 degrees, right lateral flexion 10 degrees, and left lateral flexion 10 degrees. She was able to perform heel to toe walking bilaterally. The treating physician stated on July 8, 2015 "the patient's condition established the need for compounded topical medications" and requested Somnicin and Fluribi cream-LA, but this was denied on August 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #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 (ODG) Mental Chapter- Insomnia treatment.

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) Somnicin.

Decision rationale: The injured worker sustained a work related injury on January 9, 2013. The injured worker has been diagnosed of cervical spondylosis without myelopathy, degeneration of thoracic or lumbar intervertebral disc, lumbago, sciatica, osteoarthritis, rheumatoid arthritis, and insomnia. Treatments have included home exercise; use of a TENS unit; medication including Naproxen, Tramadol, Terocin patch, topical compound cream; and, medical foods: Theramine, Sentra, and GABAdone. The medical records provided for review do not indicate a medical necessity for: Somnicin #30. The MTUS is silent on Somnicin, but the Official Disability Guidelines does not recommend it. The Official Disability Guidelines states that it is not recommended. Somnicin, a nutritional supplement, containing melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine).

Fluribi (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: The injured worker sustained a work related injury on January 9, 2013. The injured worker has been diagnosed of cervical spondylosis without myelopathy, degeneration of thoracic or lumbar intervertebral disc, lumbago, sciatica, osteoarthritis, rheumatoid arthritis, and insomnia. Treatments have included home exercise; use of a TENS unit; medication including Naproxen, Tramadol, Terocin patch, topical compound cream; and, medical foods: Theramine, Sentra, and GABAdone. The medical records provided for review do not indicate a medical necessity for Fluribi (NAP) cream- LA, 180gms. T Fluribi (NAP) cream is a topical analgesic containing Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTS states that any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents in this compounded product is recommended (though Lidocaine is a recommended agent, the MTUS does not recommend it unless as the 5% Lidoderm patch).

