

Case Number:	CM15-0179701		
Date Assigned:	09/21/2015	Date of Injury:	01/08/2001
Decision Date:	11/10/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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

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 58 year old female, who sustained an industrial injury on 01-08-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high cholesterol, thyroid condition, fibromyalgia, gastrointestinal (GI) upset, cervical radiculopathy, lumbar radiculopathy, anxiety, depression, post-traumatic stress disorder, and insomnia. Medical records (04-13-2015 to 06-08-2015) indicate increasing (from 7 out of 10 to 9 out of 10) constant neck pain with radiating pain to both upper extremities, and ongoing constant low back pain radiating to both lower extremities with a continued pain rating of 9 out of 10. There was also ongoing numbness and tingling in the lower extremities as well as chest wall pain (rated 7 out of 10), and headaches. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 06-08-2015, revealed restricted range of motion (ROM) in the cervical and lumbar spines, tenderness to palpation over the cervical spine, and positive straight leg raises bilaterally. Relevant treatments have included physical therapy (PT), psychological treatments, work restrictions, and pain medications (Tylenol with codeine and cyclobenzaprine since at least 05-2015). The request for authorization (08-11-2015) shows that the following medications were requested: Genicin #90, Somnicin #30, cyclobenzaprine 7.5mg #20, Tylenol with codeine #90, Terocin 120ml with 0.025% capsaicin, gabacyclotram 180gm, and flurbiprofen cream 180gm. The original utilization review (08-13-2015) denied the request for Genicin #90 based on the absence of a osteoarthritis diagnosis; Somnicin #30 based on the lack of medical necessity; cyclobenzaprine 7.5mg #20 based on the non-recommendation of prescribing this medication in

addition to other medications; Terocin 120ml with 0.025% capsaicin based on the lack of benefit with prior use; gabacyclotram 180gm based on the lack of recommendation for cyclobenzaprine and tramadol in topical form; flurbiprofen cream 180gm based on topical NSAIDs are not recommended for use on the spine; and modified the request for Tylenol with codeine #90 (reduced to #51) for weaning due to long-term use and lack of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90: 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): Glucosamine (and Chondroitin Sulfate).

Decision rationale: According to the MTUS, glucosamine is 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). This patient does not suffer from arthritis. Genicin #90 is not medically necessary.

Somnicin #30: 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) Pain (Chronic), Melatonin.

Decision rationale: The Official Disability Guidelines recommend a melatonin as a single agent to improve sleep. The repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Somnicin is a compounded medication. Melatonin compounded with other substances is not recommended. Somnicin #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #20: 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).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Cyclobenzaprine Hydrochloride 7.5mg, #20 is not medically necessary.

Tylenol with Codeine #90: 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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Tylenol with Codeine, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tylenol with Codeine #90 is not medically necessary.

Terocin 120ml 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 MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin 120ml Capsaicin 0.025% is not medically necessary.

Gabaclotram 180gms: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabacyclotram 180gms is not medically necessary.

Flurbi cream 180gms: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbi cream 180gms is not medically necessary.