

Case Number:	CM15-0091867		
Date Assigned:	05/18/2015	Date of Injury:	02/14/2013
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 43 year old male, who sustained an industrial injury on February 14, 2013. The injured worker reported back pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet syndrome, lumbar disc protrusion, lumbar spinal stenosis and abdominal contusion with residuals. Treatment to date has included oral and topical medication. A progress note dated February 27, 2015 the injured worker complains of constant low back pain radiating to legs with numbness and tingling. He rates the pain 5/10. Without medication pain is 8/10 and decreases to 4-5/10 with medication. He reports topical creams, patches and oral medication decrease pain and help him sleep longer. Physical exam notes lumbar tenderness with decreased range of motion (ROM). Straight leg raise is positive bilaterally. He has a mildly antalgic gait. There is a request for retroactive (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15): Flurbipro/Lidocaine/Amitriptyline /Pcca Lipo quantity 180, retroactive (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15) Gabapentin/Cyclobenz/Tramadol/PCCA Lipo quantity 180, retroactive (DOS 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15): Terocin quantity: 240, retroactive (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15): Somnicin Cap #30 and retroactive (DOS 10/01/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15) Genicin Cap 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15):
Flurbipro/Lidocaine/Amitriptyline/Pcca Lipo QTY 180: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other compounded agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of oral medications and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.

**Retro (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15)
Gabapentin/Cyclobenz/Tramadol/PCCA Lipo QTY 180: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other compounded agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of oral medications and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.

**Retro (DOS 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15): New Terocin Lot
QTY: 240: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other compounded agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of oral medications and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.

Retro (DOS 9/02/14; 10/01/14; 10/30/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15): Somnicin Cap #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, sleep aid.

Decision rationale: The medical records provided for review indicate chronic pain with report of significant sleep interference. ODG guidelines support short term use of sleep agent such as melatonin, zolpidem or lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment, somnicin.

Retro (DOS 10/01/14; 12/01/14; 01/16/15; 02/13/15; 03/13/15) Genicin Cap 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain , glucosamine.

Decision rationale: The medical records report a condition of chronic pain. ODG guidelines do not support the use of glucosamine for pain related to spine. As the medical records do not indicate a condition for which glucosamine is supported under ODG guidelines, the medical records do not support the use of this medication for the insured. The request is not medically necessary.