

Case Number:	CM13-0003503		
Date Assigned:	06/06/2014	Date of Injury:	01/08/2012
Decision Date:	07/28/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53y/o female injured worker with date of injury 1/8/12 with related injury to left knee. Per 10/25/13 report, she had left knee medial meniscus repair 3/8/13. She had reached maximum medical improvement and had completed a permanent and stationary evaluation report. She stated that she had occasional pain. She stated that she felt she was between 90 percent to 95 percent of normal. She stated that she occasionally drank cherry juice to help decrease the inflammation if necessary. Otherwise, she reported taking no medication. Per physical exam there was minimal to no edema of the left knee. There was no erythema. She had excellent range of motion of the left knee within normal limits. She had good strength with extension and flexion against resistance within normal limits. MRI of the left knee dated 8/8/12 revealed oblique tear at the posterior horn and body junction of the medial meniscus, extending to the inferior articular surface. There is mild subluxation of meniscal tissue into the medial joint line, medial compartment arthrosis, without underlying bone marrow edema, no ligament tear, and mild patellofemoral arthrosis. She reported no pain with walking. She had been working full duties without restrictions. She has been treated with physical therapy and medication management. The date of UR decision was 7/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine: 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, Theramine.

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), Theramine.

Decision rationale: The MTUS is silent on the topic of medical food. With regard to the treatment of chronic pain, the ODG guideline says this about theramine: "Not recommended. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. See Medical food, Gamma-aminobutyric acid (GABA), where it says, There is no high quality peer-reviewed literature that suggests that GABA is indicated; "Choline, where it says, "There is no known medical need for choline supplementation;" L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation; & L-Serine, where it says, " There is no indication for the use of this product. Theramine is not recommended by the ODG and thus the request is not medically necessary.

Ranitidine 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g. ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) Per progress report dated 4/30/13, the injured worker stated that the use of naproxen caused her to have

stomach upset and to stop that medication. As Naproxen is indicated for her occasional knee pain, prophylactic medication for GI events is indicated. However, the MTUS recommends a PPI as first line therapy. The request is not medically necessary.

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 76 states regarding therapeutic trial of opioids, questions to ask prior to starting therapy include (a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome? Per latest progress report dated 10/25/13, the injured worker only reported occasional pain. Per 9/20/13 progress report, she reported having no pain. Opioid therapy is not indicated. Furthermore, the request contains no dosage or quantity information. The request is not medically necessary.

Naproxen 250 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: With regard to the use of NSAIDs, the MTUS CPMTG states " Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug)." Review of the documentation submitted for review supports the medical necessity of Naproxen to reduce the injured worker's inflammatory pain secondary to her knee repair. I respectfully disagree with the UR physician's assertion that the use of NSAIDs requires documentation of functional improvement; the MTUS does not state this. The request is medically necessary.