

Case Number:	CM13-0021041		
Date Assigned:	03/26/2014	Date of Injury:	03/10/2001
Decision Date:	05/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male with a reported date of injury on 03/10/2001; the mechanism of injury was not provided in the medical records. The injured worker had diagnoses including postinflammatory pulmonary fibrosis and psoriatic arthropathy. The injured worker was seen on 01/21/2014 for a followup office visit. The injured worker continued to have total body pain, chronic fatigue and sleep disturbances. The injured worker complained of hand pain, shoulder pain, low back pain and knee pain as well as skin psoriatic lesions to the hands, feet, ankles and knees. Upon physical exam, the physician noted no new joint swelling was seen, neurologic examination was normal, the injured worker did not have any rheumatoid arthritis deformities and his lungs clear to auscultation. The physician recommended the injured worker continue topical flurbiprofen, tramadol, Sonata and Prilosec. The request form for Gabapentin, Theratramadol and flurbiprofen 25% cream, was not provided in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABITIDINE (GABADONE AND RANITIDINE): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabadone and Drugs.com to address Ranitidine.

Decision rationale: Gabitidine is comprised of GABAdone and Ranitidine. The Official Disability Guidelines state GABAdone, is not recommended. GABAdone is a medical food that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. The guidelines note GABAdone is intended to meet the nutritional requirements for inducing sleep, providing restorative sleep and reducing snoring in injured workers who are experiencing anxiety-related sleep disorders. Drugs.com notes Ranitidine is used to treat and prevent ulcers in the stomach and intestines. It is also used to treat conditions in which the stomach produces too much acid. The documentation provided for review did not indicate the injured worker had anxiety related to a sleep disorder. The requesting physicians rationale for the requested medication was unclear. There was a lack of documentation indicating the injured worker has any type of gastric ulcer issues or other gastrointestinal issues. The request as submitted failed to provide the frequency of the medication to determine necessity. Therefore, the request is not medically necessary.

THERATRAMADOL 90 (THERAMINE 90): Upheld

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

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

Decision rationale: Theramine is comprised of Choline Bitartrate, L-Arginine, L-Histidine, L-Glutamine, L-Serine, GABA, Griffonia Seed (20% 5HTP), Whey Protein, Grape Seed Extract, Ginkgo Biloba, Cinnamon, and Cocoa. The Official Disability Guidelines note Theramine is not recommended. Theramine® is a medical food 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. There is no high quality peer-reviewed literature that suggests GABA is indicated. There is no known medical need for choline supplementation. L-Arginine is not Final Determination Letter for IMR Case Number CM13-0021041 4 indicated in current references for pain or inflammation. There is no indication for the use of L-Serine. The guidelines note until there are higher quality studies of the ingredients in Theramine, it remains not recommended. There was a lack of documentation supporting the need for this medication. Per the Official Disability Guidelines the use of theramine remains not recommended until there are higher quality studies. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

FLURBIPROFEN 25% CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS guidelines note topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The guidelines note these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The documentation provided by the physician noted the injured worker was having pain in several areas; however, the request did not indicate the intended site for application of the medication. Within the provided documentation the efficacy of the Flurbiprofen cream was unclear. There was a lack of documented significant objective functional improvement with the medication. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.