

Case Number:	CM13-0023201		
Date Assigned:	11/15/2013	Date of Injury:	04/03/2007
Decision Date:	01/08/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

36 y.o. male with injury date from 4/3/07, suffers from chronic low back pain with bilateral sciatica. Diagnosis per 7/25/13 report by [REDACTED] is lumbago, right leg sciatica with extruded disc. Utilization review letter from 8/13/13 denied the use of Norco stating that functional benefit has not been demonstrated and that the patient continues to report severe pain unchanged with use of an opioid. Theramine was denied as ODG guidelines do not support use of medical foods. 7/25/13 report by treater for appeal of the denial is reviewed. He argues that Theramine is a medical food that is designed to aid in the nutritional management of pain syndromes. He states that nutritional deficiency contributes to chronic pain and Theramine, a lower dose pain medication that is a safer alternative for the patient. 6/27/13 report by [REDACTED] states that the patient's back pain has not changed. He reviewed QME report fro 8/28/13 that apparently supported ESI, meds and Theramine. No discussion is provided regarding effectiveness of medication. 6/14/13 reports has right knee pain, uses compound topical ointment that provide temporary relief of right knee pain. He felt that the compound ointment is effective. 5/31/13 report discusses denied ESI. In terms of meds, "I have provided the patient with Norco, Ibuprfen, Theramine and Terocin." He provides his rationale for using Theramine. 3/21/13 report has patient with persistent knee pain despite knee injection with Euflexxa. Recommendation was to move forward with knee surgery. There are no discussion regarding oral medication. 1/25/13 report is by [REDACTED] addressing the patient's right knee pain. Meds are Flector patch, motrin and Norco. There are no discussion whether or not medications are helping with pain or function. 1/3/13 report is by [REDACTED] addressing the patient's low back and bilateral sciatica. Medications were Theraprogen, Theacodofen. Recommendation was for consult with a spine surge

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 x 2 dispensed 7/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Despite review of nearly 7 months of progress reports, there is not a single mention of how the patient is responding to the use of Norco. There are no pain scales, no before/after pain levels, no average pain, no documentation as to how long benefit lasts, no documentation of any adverse effects, aberrant behavior. The treater does not discuss any efficacy in terms of pain reduction, functional and quality of life improvements. In reviewing the reports, one cannot tell whether or not opiates are contributing to the patient's chronic pain or help him. Opioid induced hyperalgesia is a common phenomenon among chronic pain patients on opiates. MTUS specifically recommend careful documentation of all these measures including numerical functional assessment or validated instrumented measurement of function at least once every 6 months. In this patient such documentations are lacking. Recommendation is for denial.

Theramine #90 x 4 dispensed on 7/25/2013: 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, Theramine..

Decision rationale: Despite the treater's well intentioned and well thought out argument regarding Theramine, there is lack of guideline support that Theramine and other medical foods are indicated for chronic pain. MTUS and ACOEM guidelines do not address Theramine but ODG guidelines have a specific discussion regarding medical foods. It is not recommended as they lack high-quality studies. Recommendation is for denial of the request.