

Case Number:	CM13-0032025		
Date Assigned:	12/04/2013	Date of Injury:	12/16/2009
Decision Date:	01/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 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:

The patient is a 53 year old male who reported an injury on 12/16/2009. The patient's symptoms include neck pain, headaches, and low back pain radiating into his legs. It also states that the patient reports decreased range of motion in his neck but reports the medications are helping control his pain and Sintralyn is helping him sleep. Objective findings include decreased range of motion of the cervical spine. The patient's diagnoses are listed as cervical radiculopathy, neck pain, chronic pain syndrome, chronic pain related insomnia, tension headaches, myofascial syndrome, and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen, DOS: 3/28/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 78.

Decision rationale: The patient was seen on 03/28/2013 for follow-up on his pain and his medications were listed as Nucynta 75 mg, Lyrica 150 mg, Medrox patch, and Colace. The request is for urine drug screen that was obtained at that visit. According to California MTUS Guidelines use of drug screening is recommended for patients with documentation of issues of abuse, addiction, or poor pain control. There was no documentation of suspected abuse or

addiction for this patient and it was noted that his pain was well controlled with his current medications. Therefore, there was no indication for a urine drug screen at the time of the 03/28/2013 visit, according to California guidelines. For this reason, the request is non-certified.

Chiropractic manipulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: A request was made for chiropractic manipulation. California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it caused by a musculoskeletal condition. The guidelines specify that an effect should be produced within 4 to 6 treatments. Additionally, it states the maximum duration for this treatment is 8 weeks. The documentation submitted for review states that the patient reported relief from past chiropractic care; however, there was no documentation showing outward signs of subjective and/or objective improvement from those visits. Additionally, the request did not specify how many visits were being prescribed or the intended duration of treatment. With the absence of this documentation, the request for chiropractic care is not supported by guidelines. For this reason, the request is non-certified.

Purchase of a home cervical traction unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: A request was made for a home cervical traction unit. According to ACOEM Guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities to include cervical traction. However, it states that these tools may be used on a trial basis and emphasis should be focused on functional restoration and return patients to activities of normal daily living. The clinical information submitted for review did not include documentation of a previous trial of cervical traction for this patient with evidence of functional restoration or return to normal activities of daily living. As the request does not specify that the traction unit is for a trial basis and the patient has not been shown to have had success with a previous trial, traction is not supported by guidelines. For this reason, the requested service is non-certified.

Sinralyne: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG 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, Sentra PM & Medical Food..

Decision rationale: A request was made for Sintralyn which is also known as Sentra PM. Official Disability Guidelines state that Sentra PM is a medical food intended for the use in management of sleep disorders associated with depression, and is a proprietary blend choline bitartrate, glutamate, and 5-hydroxytryptophan. Official Disability Guidelines specify that choline has no known medical need except for in cases of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic acid is noted to be used for the treatment of hypochlorhydria and achlorhydria. It is also noted to be used for impaired intestinal permeability, short bowel syndrome, cancer, and other critical illnesses. The 5-hydroxytryptophan was noted to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. The patient was noted to have been prescribed a medical food for insomnia. However, as choline and glutamic acid are not indicated for the conditions that the patient has documented, the request is not supported. Therefore, the requested medical food is non-certified.

Medrox patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111-113, 105.

Decision rationale: A request was made for Medrox patch which is noted to include menthol, capsaicin, and methyl salicylate. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines specify that any compounded product that contains at least 1 drug that is not recommended is not recommended. Capsaicin is noted to be recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is not specifically addressed. Salicylate topicals are noted to be recommended as they were significantly better than a placebo in helping with chronic pain. The guidelines also state with compounded agents, knowledge is required of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As the specific analgesic effect of the patch and how it will be useful for therapeutic goals was not documented in the patient's medical records, and the use of topical menthol is not recommended by California MTUS Guidelines, the requested medication is not supported. Therefore, the requested service is non-certified.