

Case Number:	CM13-0033744		
Date Assigned:	12/06/2013	Date of Injury:	01/31/2001
Decision Date:	02/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 & 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 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. 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 patient is a 52-year-old female who reported an injury on 01/31/2001. The mechanism of injury was not provided. The patient was noted to have low back pain that was aching and burning. The patient's medications were noted to include: Vicodin, Soma, Lyrica, hydrocodone, theramine, and Terocin. The patient was noted to have a urine drug screen on 07/02/2013 that was consistent with the medications. The patient's diagnoses were noted to include: Herniation of a disc in the lumbar region, lumbar disc disorder, and facet joint syndrome. The request was made for medication refills and medical food refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, ongoing management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug

taking behavior. Clinical documentation submitted for review indicated the patient had chronic severe pain. However, there was a lack of documentation of the 4 A's to allow for continued treatment. The request failed to include the quantity of the Vicodin. Given the above, the request for Vicodin is not medically necessary

Soma 350mg, one tablet every day as needed for 30 days, dispense 30 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the rationale for ongoing treatment as it is noted the medication should not be taken for longer than a 2 to 3-week period. Given the above and the lack of documentation, the request for Soma 350 mg, one tablet every day as needed for 30 days, dispense 30 tablets is not medically necessary.

Terocin, apply to painful area two to three (2-3) times per day as directed, as needed, dispense 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics, Capsaicin, lidocaine Page(s): 105, 111, 112.

Decision rationale: Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. California MTUS, ACOEM nor Official Disability Guidelines specifically address Terocin. However the California MTUS addresses the components of Terocin. It states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Clinical documentation submitted for review indicated the patient was being prescribed Terocin for its mostly topical, local effect as the patient was noted to have unacceptable gastrointestinal side effects with oral agents and topical agents were more appropriate in managing the patient's symptoms. Clinical documentation submitted for review failed to provide necessity for

nonadherence to guideline recommendations regarding the component Lidocaine. Given the above, the request for Terocin, apply to painful area 2 to 3 times per day as directed, as needed, dispense 2, undetermined quantity, is not medically necessary.

Sentra PM, one to two (1-2) tablets at bedtime as needed for 30 days, dispense 60 tablets:
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).

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

Decision rationale: Official Disability Guidelines indicate Sentra PM is medical food used in the management of sleep disorders associated with depression. Clinical documentation submitted for review indicated the patient had ongoing sleep disorder and depression. It was further stated the physician dispensed Sentra PM as a medical food product designed to aid in nutritional management of serotonin and acetylcholine production deficiencies in patients with sleep disorders and depression. However, there is a lack of documentation of efficacy of the medication. Given the above, the request for Sentra PM is not medically necessary.

Theramine one to two to three tablets, three times per day, as needed, dispense 90: 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).

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

Decision rationale: Official Disability Guidelines do not recommend theramine. There is a lack of documentation indicating the necessity for theramine. Additionally, there is lack of documentation of efficacy of the requested supplement. Given the above, the request for theramine 1 to 2 to 3 tablets 3 times a day as needed, dispense 90 is not medically necessary.

Hydrocodone/APAP 10/325mg, one (1) tablet three times per day as needed for 30 days, dispense 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen, ongoing management Page(s): 91, 78.

Decision rationale: California MTUS guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's. Given the above, the request for hydrocodone/APAP 10/325 mg, 1 tablet 3 times per day as needed for 30 days, dispense 90 tablets is not medically necessary.

Lyrica 50mg, one (1) capsule twice a day as needed for 30 days, dispense 60 capsules:
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 , Lyrica Page(s): 16.

Decision rationale: California MTUS guidelines indicate that Lyrica is recommended for neuropathic pain. Clinical documentation submitted for review failed to provide the patient had neuropathic pain and the efficacy of the requested medication. Given the above, the request for Lyrica 50 mg 1 capsule twice a day as needed for 30 days, dispense 60 capsules is not medically necessary.