

Case Number:	CM13-0035891		
Date Assigned:	12/13/2013	Date of Injury:	04/02/2013
Decision Date:	03/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 51-year-old female with a date of injury of 04/02/2013. An evaluation report dated 04/02/2013 identifies the mechanism of injury was tripping over a cord. Subjective complaints included right knee and left lower back pain. Objective findings included spasm and tenderness of the muscles by the middle and lower spine, right knee joint line and kneecap tenderness, negative McMurray's test, and a positive patellar grind test. She was treated with back and knee support, ice and heat, medications, and physical therapy. According to the evaluation report dated 04/04/2013, she subsequently developed right shoulder and arm pain with numbness in both hands. Objective findings included right rotator cuff tenderness. Treatment included medications and continued physical therapy. An evaluation report dated 04/16/2013 reported worsened subjective complaints of pain in the lower and upper back, right knee, and both shoulders and numbness in both hands. She was subsequently referred for an evaluation by an orthopedist. The orthopedic consultation report dated 04/17/2013 reported subjective complaints of pain in the right knee, neck, right arm, and lower back. Objective findings included tenderness of the muscles in the lower back near the spine, right inner knee joint line tenderness, negative patellar grind test, and tenderness to the back of the right neck. MRIs of the neck and right knee were recommended; the results did not explain her subjective complaints. Daily acupuncture was subsequently added to her treatment. Follow up evaluation reports by orthopedics dated 05/29/2013, 06/19/2013, and 07/31/2013 indicated subjective complaints were worse and objective findings were not significantly changed. Medications were continued, she was referred for evaluations by a pain management specialist and spinal surgeon, and a steroid injection to her knee was recommended. The pain management specialist consultation report dated 06/24/2013 indicated subjective complaints and objective findings were generally unchanged. He recommended additional physical therapy; TENS treatment; a knee support; medication; and chiropractic therapy, which the patient did not want. Handwritten

progress notes dated 08/20/2013, 08/26/2013, 10/17/2013, and 11/21/2013 report several medication adjustments and the addition of Toprophan (a combination of vitamin B6, L-tryptophan, chamomile, valerian extract, melatonin, inositol, and other ingredients) to her treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

#30 Toprophan (DOS: 8/28/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 136, "Recommendation: Complementary or Alternative Treatments, Dietary Supplements, Etc., for Chronic Pain, Page 122 and the Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "About Herbs, Botanicals, and Other Products." MSKCC About Herbs. Memorial Sloan Kettering Cancer Center, 28 November 2012. Web. 02 February 2014. LexiComp Natural Database. Version 2.0.1 (165). National Center for Complementary and Alternative Medicine (NCCA

Decision rationale: Toprophan is a commercially available proprietary formula containing vitamin B6, L-tryptophan, chamomile, valerian extract, melatonin, inositol, and other ingredients, according to the manufacturer's website. California MTUS guidelines are silent with regard to the use of this treatment for chronic pain. There is no evidence inositol would have a benefit in the treatment of pain. Animal studies suggest a possible role for vitamin B6 in neuropathic pain. Chamomile has purported anti-inflammatory effects. Valerian extract and L-tryptophan may have effects on various proteins in the brain. Melatonin has suggested benefits to assist pain medications. However, there are no published clinical trials supporting any of their use in this setting. In the absence of such documentation, the current request for Toprophan is not medically necessary.