

Case Number:	CM13-0036437		
Date Assigned:	12/13/2013	Date of Injury:	12/02/1992
Decision Date:	03/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neuromuscular Medicine, 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:

██████████ is 59-year-old who sustained a work related injury on December 2, 1992. She subsequently developed fibromyalgia and intractable pain. She also reported lower back and neck pain, chronic numbness and tingling in both hands. Her physical examination showed tender points. Her physical examination showed back stiffness. She was treated with Neurontin, Soma, Topamax and Medrox. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM, sixty count, three bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article "Sentra PM (a Medical Food) and Trazodone in the Management of Sleep Disorders." J Cent Nerv Syst Dis 4: 65-72.

Decision rationale: Sentra AM is a medical food used to improve fatigue and fibromyalgia. There are no controlled studies supporting these indications. The request for Sentra AM, sixty count, three bottles, is not medically necessary or appropriate.

Sentra PM, sixty count, three bottles: 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. Decision based on Non-MTUS Citation Article "Sentra PM (a Medical Food) and Trazodone in the Management of Sleep Disorders." J Cent Nerv Syst Dis 4: 65-72.

Decision rationale: Sentra PM is a medical food used to improve fatigue and fibromyalgia. There are no controlled studies supporting these indications. The request for Sentra PM, sixty count, three bottles, is not medically necessary or appropriate.

Theramine, ninety count, six bottles:

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 Specific Anti-Epilepsy Drugs Page(s): 22.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax®[®], no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. There are no controlled studies supporting its efficacy in fibromyalgia. The request for Topamax 100 mg, 180 count, is not medically necessary or appropriate.

Soma 250 mg, 180 count: 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 Soma Page(s): 29.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of Soma is not justified. The request for Soma 250 mg, 180 count, is not medically necessary or appropriate.

Topamax 100 mg, 180 count: 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 Specific Anti-Epilepsy Drugs Page(s): 22.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax[®], no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. There are no controlled studies supporting its efficacy in fibromyalgia. The request for Topamax 100 mg, 180 count, is not medically necessary or appropriate.

Medrox Patch, 60 count: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch. (menthol, capsaicin, methyl salicylate). The request for the Medrox Patch, 60 count, is not medically necessary or appropriate.