

Case Number:	CM13-0036873		
Date Assigned:	07/11/2014	Date of Injury:	04/29/2010
Decision Date:	08/08/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 39-year-old female with a reported date of injury on 04/29/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbago and right leg sciatica. Her previous treatments were noted to include chiropractic treatment and medications. The progress note dated 06/19/2013 revealed the injured worker complained of intermittent back pain and sciatica. The injured worker utilizes chiropractic treatments for pain flare ups. The physical examination revealed pain with spasm and guarding to the direct palpation of the lumbar spine beginning at the level L4-S1. The injured worker was noted to have a positive faber test on the right and straight leg raise test and a negative faber test on the left. The injured worker was revealed to have decreased sensation along the right great toe and her deep tendon reflexes were 2+/2+ bilaterally. The progress note dated 11/22/2013 revealed the injured worker complained of back pain with sciatica. The physical examination revealed with direct palpation over the lower lumbar spine beginning at the level L4-S1, she had pain and spasm with guarding. The provider revealed she had a positive faber test and straight leg test on the right and a negative faber test on the left. There was decrease strength/sensation noted along the right great toe and the deep tendon reflexes were 2+/2+ bilaterally. The provider indicated if the injured worker was allowed chiropractic adjustments she did not need medication or epidurals. The Request for Authorization form dated 07/25/2013 is for Vicodin 5/500 mg #30 and Theramine #90. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 7/19/2013 Theramine #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), Pain Chapter, Medical food section.

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

Decision rationale: Theramine consists of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, and gamma-aminobutyric acid, and L-serine. The Official Disability Guidelines recommend a medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. To be considered, the product must at a minimum meet the criteria of; the product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. The ingredient choline has no known medical need except for the case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. The ingredient 5-hydroxytryptophan has been found to possibly be effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches, and various pain disorders. The ingredient gamma-aminobutyric acid is a supplement indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality peer review literature that suggests that GABA is indicated for the treatment of insomnia. The ingredient L-serine has no indication for the use of this supplement. The ingredient L-arginine is not indicated in current references for pain or inflammation. It is indicated to detoxify urine. Therefore, due to the lack of documentation to warrant distinctive nutritional requirements for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements Theramine is not warranted at this time. Additionally, L-serine and L-arginine do not have indications for use and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Retrospective for date of service 7/19/2013, Vicodin 5/500mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker was prescribed this medication 07/19/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is lack of documentation regarding evidence of decreased pain on a numeric scale along with utilization of this medication. There is lack of documentation in regard to functional status with utilization of this medication, side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, with regard to the lack of evidence of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized and the injured worker indicated she did not need medications as long as she was able to receive chiropractic treatment. Therefore, the request is non-certified.