MAXIMUS Federal Services

Case Number:	CM13-0037794		
Date Assigned:	03/21/2014	Date of Injury:	11/10/2003
Decision Date:	04/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66 year old female with date of injury of 11/10/2003. The listed diagnoses per [redacted] dated 08/21/2013 are: 1. Spondylosis, Cervical 2. Lateral epicondylitis of the elbow 3. Sprain and strain, unspecified site elbow and forearm 4. Joint pain, wrist 5. Trigger finger release, right long finger, 01/10/2013 6. Radiculopathy, Cervical

IMR ISSUES, DECISIONS AND RATIONALES

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

NABUMETONE 750MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 60, 6. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page(s): PAGE 60, 61.. Decision based on Non-MTUS Citation NABUMETONE 750MG

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and arm pain. The treater is requesting a refill for nabumetome, an NSAID. The utilization

review modified their request to a one month supply of nabumetone. A review of reports from 04/25/2013 to 08/21/2013 show that the patient has been taking nabumetone since 06/19/2013. The MTUS guidelines p60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. Furthermore, MTUS page 67 and 68 on neuropathic pain states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." The progress report dated 08/21/2013 notes that the patient's condition is stable and controlled with her current medications. In this same report, the treater documents that the patient has 50-60% improvement with her ability to sit, stand, walk, and lift with medication use. In this case, the patient reports significant functional improvement with the use of medications. Therefore, recommendation is for authorization.

TEROCIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2ND EDITION 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2ND EDITION 2004.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and arm pain. The treater is requesting Terocin lotion. Terocin contains methyl salicylate, capsaisin, lidocaine and menthol. The MTUS guidelines p112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with periheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate are indicated for this patient. Therefore, recommendation is for denial.

THERAMINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and arm pain. The treater is requesting Theramine, a medical food. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state that Theramine is a proprietary medication of Physician Therapeutics based in [redacted] Its intended use is in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. ODG further states for each ingredient, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation"; L-Arginine, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, "There is no indication for the use of this product." It does not appear that there are any guideline to support this product in the management of chronic pain. Therefore, recommendation is for denial.

TRAMADOL ER 150MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s): PAGE 80.. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL,

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and arm pain. The treater is requesting tramadol, a narcotic-like pain reliever. The MTUS guidelines p80 on Tramadol states that it, "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The MTUS page 93 and 94 states that Tramadol is indicated for "moderate to severe pain." It is not recommended for longer than 3 months use for osteoarthritis (p84). Additionally, for chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of 140 pages of reports show that the patient has been taking tramadol since 06/19/2013. The progress report dated 08/21/2013 mentions medication efficacy stating that the patient reports 50-60% improvement with her ability to sit, stand, walk, and lift with medication use. Records also show that the patient's pain level is 8/10 without medications and 4/10 with medication. The patient does report gastrointestinal side effects with medication use and is currently taking Prilosec for relief. In this case, the patient's quality of life is adequate with satisfactory pain relief. The treater's documentation satisfies MTUS requirements for chronic opiate use. Therefore, recommendation is for authorization.