

Case Number:	CM13-0038055		
Date Assigned:	12/18/2013	Date of Injury:	05/30/2008
Decision Date:	04/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who was injured on May 30, 2008. The patient continued to experience right elbow pain and right-sided neck pain. Physical examination was notable for midline cervical muscle tenderness, right elbow tenderness along the medial and lateral epicondylar region, 5/5 motor strength in the upper extremities, and hypesthesia in the right C6 dermatome. Diagnoses included C5-6 disc herniation, C6-7 radiculopathy, cervicgia, and chronic medial/lateral epicondylitis. The patient underwent right tennis elbow release on April 30, 2012. Other treatment included medications. The requests for authorization are for Norco, Theramine and transfer of care to a pain management consultant were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing Hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been treated with Norco since at least October 2012. There is no documentation that analgesia was obtained. In addition there is no documentation that the patient had signed an opioid contract or that she was participating in urine drug testing. Criteria for long-term opioid use have not been met. The medication should not be authorized.

PRESCRIPTION FOR THERAMINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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 Food; Theramine

Decision rationale: Theramine is a medical food from [REDACTED] Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. 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 the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no documentation that any of these conditions is present in the patient. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). There is no indication for the use of serine. Arginine is not indicated in current references for pain or inflammation. Theramine is not recommended under ODG.

TRANSFER OF CARE TO A PAIN MANAGEMENT SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation u pToDate; Evaluation of Chronic Pain in Adults

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons of symptoms that are debilitating, symptoms located at multiple sites, symptoms that do not respond to initial therapies or escalating need for pain medication. In this case the patient had symptoms that were debilitating. However, the patient did not have pain at multiple sites and there was no escalating need for pain medication. Trial of initial therapy was limited to medication. In addition the patient was already following Final Determination Letter for IMR Case Number [REDACTED] 5 with a specialist in pain medicine and psychiatry on a regular basis. Medical necessity is not established. The request should not be authorized.