

Case Number:	CM13-0043308		
Date Assigned:	01/15/2014	Date of Injury:	06/02/1987
Decision Date:	05/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 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:

This is a patient with a date of injury of 6/2/87. A 10/24/13 medical report identifies that Trepadone was not prescribed after 1/1/13. Omnicap is helpful and Lidoderm has been helpful according to the patient. Celebrex has been prescribed periodically as an adjunct NSAID during periods of flare-ups/exacerbations. The patient does well with her current prescriptions using hydrocodone with Tylenol, Ultram, and NSAIDs. A drug toxicology screen was performed on 9/26/12 in addition to CYP-450 testing. With regard to Gabapentin, the patient has chronic pain and her current prescription medication program is utilized for maintenance and support, and the treatment goal is not to expect any objective increase in functional improvement. Prior detailed explanation was said to have been provided in reference to Zanaflex and Prilosec. The patient's diagnoses are noted to include cervical and lumbar radiculopathy and cervical postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST OF TREPADONE: 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 Official Disability Guidelines (ODG) Pain Chapter, section on Trepadone and Medical foods.

Decision rationale: Regarding the request for Trepadone, California MTUS does not address the issue. The ODG states "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." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Furthermore, "Gamma-aminobutyric acid (GABA)...is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." Also, regarding "L-Serine: There is no indication in Micromedex, Clinical Pharmacology, or AltMedDex® for the use of this product." Lastly, ODG notes that L-Arginine...is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. These are the components of Trepadone and, as such, there is no clear indication for its use. Furthermore, the provider notes that it has not been prescribed since 1/1/13. In light of the above issues, the currently requested Trepadone is not medically necessary.

RETROSPECTIVE REQUEST FOR OMNICAP: 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 Official Disability Guidelines (ODG) Pain Chapter, section on Vitamins B, D, and K.

Decision rationale: The ODG does support supplementation in patients with vitamin deficiency, but not for use in the absence of same. Within the documentation available for review, there is no documentation of a vitamin deficiency that would be addressed by the use of this multivitamin. In light of the above issues, the currently requested Omnicap is not medically necessary.

RETROSPECTIVE REQUEST FOR LIDODERM: 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): 110-113.

Decision rationale: Regarding request for Lidoderm, the MTUS Chronic Pain Guidelines state that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or

Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above issues, the currently requested Lidoderm is not medically necessary.

RETROSPECTIVE REQUEST FOR CELEBREX: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: Regarding the request for Celebrex, the MTUS Chronic Pain Guidelines cites that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no documentation of a significant risk of GI complications and the patient is noted to also utilize nonselective NSAIDs. In light of the above issues, the currently requested Celebrex is not medically necessary.

RETROSPECTIVE REQUEST FOR GABAPENTIN: 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 Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin, the MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, while the patient has noted that medications are helpful, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Gabapentin is not medically necessary.

RETROSPECTIVE REQUEST FOR NORCO: 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 Page(s): 76-79.

Decision rationale: Regarding the request for Norco, the MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). In light of the above issues, the currently requested Norco is not medically necessary.

RETROSPECTIVE REQUEST FOR ULTRAM: 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 Page(s): 76-79.

Decision rationale: Regarding the request for Ultram, the MTUS Chronic Pain Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). In light of the above issues, the currently requested Ultram is not medically necessary.

RETROSPECTIVE REQUEST FOR ZANAFLEX: 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 Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, the MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

RETROSPECTIVE REQUEST FOR PRILOSEC: 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 Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec, the MTUS Chronic Pain Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.

RETROSPECTIVE REQUEST FOR NEXIUM: 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 Page(s): 68-69.

Decision rationale: Regarding the request for Nexium, the MTUS Chronic Pain Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In light of the above issues, the currently requested Nexium is not medically necessary.

RETROSPECTIVE REQUEST FOR ANAPROX: 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 Page(s): 67-69.

Decision rationale: Regarding the request for Anaprox, the MTUS Chronic Pain Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or

reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Anaprox is not medically necessary.