

Case Number:	CM13-0050535		
Date Assigned:	05/09/2014	Date of Injury:	02/12/1998
Decision Date:	07/09/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 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 57-year-old female who has filed a claim for myalgia and myositis associated with an industrial injury date of February 12, 1998. Review of progress notes indicates pain in the neck, shoulders, and upper arms; right elbow pain and swelling; chronic fatigue; problem sleeping; and morning gel phenomenon for 60 minutes. Patient reports the need to take a very hot bath before being able to go anywhere. Findings include right elbow tenderness; multiple trigger points in the cervical region, bilateral shoulder girdles, and lumbar region; and decreased cervical and lumbar range of motion. Patient also carries diagnoses of major depressive disorder, anxiety disorder, pain disorder, and exhibits prominent hysterical and dependent personality traits. Treatment to date has included anti-depressants, NSAIDs, anti-epileptic drugs, opioids, Theramine, Thyrodone, trepadone, sentrazolpidem, Dendracin cream, Lidoderm cream, topical compound medications, physical therapy, aquatic therapy, pain management psychotherapy, and cognitive behavioral therapy. Patient has had several surgeries, including total left knee joint replacement in October 2006, two surgeries to the left shoulder in 1999, and right carpal tunnel release in 2000. Utilization review from November 06, 2013 denied the request for Savella as the dose and quantity were not documented; Trepadone as there is no evidence guideline for its use; Sentrazolpidem as there is no documentation of sleep behavior modification attempts or failed trials of other guideline-supported measures; aquatic therapy as there is no documentation of failure of land-based therapy; and flurbiprofen 20%/lidocaine 5%/menthol 5%/camphor 1% as there is no documentation of failure of or intolerance to first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15-16, 105.

Decision rationale: As noted on pages 15-16 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since at least July 2013. There is no description of the patient's multiple pain complaints as neuropathic, or documentation regarding failure or intolerance of tricyclics. The requested quantity and dosage is not specified. Therefore, the request for Savella was not medically necessary.

TREPADONE: Upheld

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

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, Trepadone.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and GABA. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. Patient has been on this medication since at least July 2013. There is no documentation regarding failure of or intolerance to first-line anti-inflammatory and pain medications in this patient to support the use of this medical food. There is also no guideline evidence to support the use of Trepadone. The requested quantity is not specified. Therefore, the request for Trepadone was not medically necessary.

SENTRAZOLPIDEM: Upheld

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

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, Ambien (zolpidem tartrate).

Decision rationale: Sentrazolpidem is composed of zolpidem tartrate and choline. The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Regarding choline, there is no known medical need for choline supplementation. Patient has been on this medication since July 2013. There is no recent documentation describing patient's insomnia, or of benefits derived with use of this medication. Also, zolpidem is not recommended for long-term use. There is no rationale for the use of this compounded medication. The requested quantity and dosage is not specified. Therefore, the request for Sentrazolpidem was not medically necessary.

AQUATIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. Patient has had previous physical and aquatic therapy. There is no documentation regarding the date, quantity, frequency, and benefits derived from these sessions. There is also no documentation as to why decreased weight bearing is necessary in this patient. The quantity and body part to which aquatic therapy is directed to is not specified. Therefore, the request for aquatic therapy was not medically necessary.

FLURBIPROEN 20% / LIDOCAINE 5% / MENTHOL 5% / CAMPHOR 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, there is no rationale as to why a topical compounded medication instead of first-line oral pain medications is necessary. Certain compounds in this formulation are not recommended for topical application. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for flurbiprofen 20%/lidocaine 5%/menthol 5%/camphor 1% was not medically necessary.