

Case Number:	CM13-0063803		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2006
Decision Date:	05/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Management 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 6/2/06. A utilization review determination dated 11/19/13 recommends non-certification of right elbow and knee PRP injection, Gabadone, and Theramine. 11/1/13 medical report identifies right elbow and knee pain. On exam, there is muscle spasm to trapezius muscle, positive apprehension test of the right shoulder, bilateral lateral epicondyle tenderness, left medial epicondyle pain with palpation, pain over the epicondyles with resisted wrist flexion and extension, minimal right knee pain with patellofemoral compression, lateral joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW AND RIGHT KNEE PRP INJECTION UNDER ULTRASOUND

GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER: PLATELET-RICH PLASMA (PRP); OFFICIAL DISABILITY GUIDELINES: ELBOW CHAPTER: PLATELET-RICH PLASMA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow and Knee Chapters, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for RIGHT ELBOW AND RIGHT KNEE PRP INJECTION UNDER ULTRASOUND GUIDANCE, California MTUS does not address the issue. ODG cites that PRP is recommended for the elbow only as a second-line therapy after failure of first-line therapy and PRP should be reserved for the most severe cases since 80% of tennis elbows will be cured spontaneously without doing anything within a year. For the knee, it is under study, as there is a need for further basic-science investigation, as well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. Further clarification of indications and time frame is also needed. Within the documentation available for review, there is no clear rationale for PRP injections despite the lack of consistent support for their use in the management of the patient's cited injuries. In light of the above issues, the currently requested RIGHT ELBOW AND RIGHT KNEE PRP INJECTION UNDER ULTRASOUND GUIDANCE is not medically necessary.

RETROSPECTIVE: GABADONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY (ODG) CHAPTER: GABADONE

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, Medical food.

Decision rationale: Regarding the request for Gabadone, California MTUS does not address the issue. Gabadone contains Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, GABA, Grape Seed Extract, Griffonia Extract, Whey Protein, Valerian Extract, Ginkgo Biloba and Cocoa. ODG cites that "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 hypochlorhydria 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. Within the documentation available for review, there is no documentation of a condition for which any of the abovementioned supplements are supported. In light of the above issues, the currently requested Gabadone is not medically necessary.

RETROSPECTIVE: 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 CHAPTER, THERAMINE

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, Medical Food and Theramine.

Decision rationale: Regarding the request for Theramine, California MTUS does not address the issue. Theramine is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gamma-aminobutyric acid [GABA]. Per ODG, "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 hypochlorhydria 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. Within the documentation available for review, there is no documentation of a condition for which any of the abovementioned supplements are supported. In light of the above issues, the currently requested Theramine is not medically necessary.