

<b>Case Number:</b>	CM13-0065212		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/09/2008
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Internal Medicine & Pulmonary Diseases 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 40-year-old male who reported an injury on 01/09/2008. The mechanism of injury was not provided. The progress report dated 11/05/2013 indicated that the patient's symptoms were unchanged. It was noted that the patient was released to modified duties. The patient's medications were noted to be Norco twice a day as needed, Prilosec twice daily and Toprophan at bedtime as needed. The patient was noted to have tenderness to the left AC joint, biceps tendon groove and superior deltoid. The Hawkins was positive on the left. The patient noted that his average pain was a 6/10 to 7/10, and the worst pain was at an 8/10

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10MG #60 WITH 5 REFILLS:** 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 On-Going Management Section Page(s): 78.

**Decision rationale:** The request for Norco 10 mg #60 with 5 refills is non-certified. The California MTUS states that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation of measurable pain relief using the VAS, the occurrence or nonoccurrence of side effects, physical and psychosocial functional improvement and the occurrence or nonoccurrence of any potentially aberrant or non-adherent drug-related behaviors. As such, the request for Norco 10 mg #60 with 5 refills is not supported. Therefore, the request is non-certified

**TOPROPHAN #30 WITH 5 REFILLS:** 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, Medical Food Sections

**Decision rationale:** The request for Toprophan #30 with 5 refills is non-certified. The California MTUS/ACOEM does not address Toprophan. However, the Official Disability Guidelines state that medical food is "a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; and (3) the product must be used under medical supervision. The current available medical food products include choline, glutamic acid, 5-hydroxytryptophan, gamma-aminobutyric acid (GABA), L-serine, L-arginine, honey and cinnamon, Limbrel (flavocoxid). The records submitted for review failed to include documentation of functional improvement and of the occurrence or nonoccurrence of side effects while the patient was taking Toprophan. In addition, the records submitted for review failed to include documentation that the patient was taking Toprophan for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements. As such, the request for Toprophan #30 with 5 refills is not supported. Therefore, the request is non-certified