

<b>Case Number:</b>	CM13-0067706		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic wrist and low back pain reportedly associated with an industrial injury of November 23, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; topical agents; the apparent imposition of permanent work restrictions; unspecified amounts of chiropractic manipulative therapy; dietary supplement; and unspecified amounts of cognitive behavioral therapy. In a Utilization Review Report of December 8, 2013, the claims administrator approved a spine surgery consultation, denied a request for Medrox, and denied request for Theramine, a dietary supplement. The patient's attorney is subsequently appealed. A clinical progress note of August 21, 2013 is notable for comments that the patient reports persistent wrist pain and low back pain with associated posttraumatic headaches. The patient is also depressed, anxious, and is having crying spells and insomnia. The patient is off of work, on total temporary disability. Theramine, a dietary supplement, Medrox, a topical patch/cream, a spine surgery consultation, and a pain management consultation are sought while the patient is again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF MEDROX TOPICAL ANALGESIC CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Medrox which are, according to the Chronic Pain Medical Treatment Guidelines "largely experimental." The request for one prescription of Medrox topical analgesic cream is not medically necessary or appropriate.

**ONE PRESCRITOPN OF THERAMINE, 60 COUNT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Alternative Treatment Section.

**Decision rationale:** The MTUS does not address the topic of dietary supplements such as Theramine. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, complementary treatments, alternative treatments, or dietary supplements such as Theramine are "not recommended" for the treatment of chronic pain as they have not been shown to produce any meaningful benefit or favorable outcome in terms of functional improvement. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary so as to try and counter the unfavorable ACOEM recommendation. The request for one prescription of Theramine, 60 count, is not medically necessary or appropriate.