

<b>Case Number:</b>	CM14-0003772		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/29/2005
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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, has a subspecialty in Interventional Spine 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 56 year-old female with a 6/29/2005 industrial injury claim. The IMR application shows the patient is disputing the 1/6/14 UR decision for medications dispensed on 11/13/13. The 11/13/13 orthopedic report from [REDACTED], states the patient was P&S on 9/8/2008 and that he last saw her on 5/4/12, and that she was in for re-evaluation and medication refills. On 11/13/13 she complained of increasing neck and low back pain, and the other body regions remained the same since 2008. Her diagnoses were: work-related injury to right wrist and shoulder secondary to 6/29/05, right CTS and right shoulder impingement syndrome; work-related injury to elbows, right due to 6/29/05 and left due to 8/5/05, resolved; work related injury to left wrist, due to 8/5/05, resolved; and chronic lumbar spine sprain/strain, all treated privately. [REDACTED] provided NSAID medications and compounds under her future medical care. On 1/6/14 UR denied the Prazolamine 250mg #60 (theramine and carisoprodol) and Teratramadol 50mg #120 (theramine and tramadol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PRAZOLAMINE (THERAMINE & CARISOPRODOL) 250MG #60 FOR DOS 11/13/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22, 67-68

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111; 63-66.

**Decision rationale:** The request was for Prazolamine (theramine and carisoprodol) 250mg #60. The 11/13/13 prescription states this was to be taken 1 tablet twice a day, for a 30-day supply. ODG guidelines specifically state Theramine is not recommended; and MTUS for carisoprodol specifically states it is not recommended for use longer than 3-weeks. The compounded medication with Theramine and carisoprodol for use over 3-weeks is not in accordance with MTUS and ODG guidelines.

**RETROSPECTIVE THERATRAMADOL-60 (THERAMINE & TRAMADOL) 50MG #120 FOR DOS 11/13/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 80-82

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food

**Decision rationale:** In this case the compounded medication contains Theramine. ODG guidelines specifically states that Theramine is not recommended, therefore, the whole compounded product that contains Theramine is not recommended.