

<b>Case Number:</b>	CM14-0004718		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 [REDACTED] employee who has filed a claim for heartburn associated with an industrial injury date of April 15, 2008. Thus far, the patient has been treated with Dexilant, physical therapy, epidural steroid injections to the low back, cortisone injections to the neck, neck surgery in 2009 with post-operative physical and aquatic therapy, and radiofrequency right and left lumbar facet neurotomy on June 25 and 26, 2013. The patient has depression and anxiety symptoms for which psychiatric individual and group therapy and psychotropic medications were given. A review of progress notes showed neck and low back pain, acid reflux, constipation, and abdominal pain. The patient also reports sleep disturbance as waking up two times per night due to pain and stress, and snoring. Findings include abdominal tenderness. A utilization review dated December 12, 2013 indicates that the claims administrator denied a request for urine toxicology test; sleep study with cardiorespiratory testing; and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE URINE TOXICOLOGY TEST: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78-81.

**Decision rationale:** As stated on page 78 of the MTUS Chronic Pain Guidelines, urine drug screens are recommended as an option to assess the use or presence of illegal drugs and as ongoing management for continued opioid use. A previous urine drug screen from August 29, 2013 was positive for hydrocodone, hydroxybupropion, and meprobamate. The latest progress report submitted was from September 25, 2013, and the only medication listed was pantoprazole. There was a urine drug screen performed during that visit but results were not disclosed. There is insufficient information regarding any medications that need to be monitored at this time. Therefore, the request is not medically necessary and appropriate.

**ONE SLEEP STUDY WITH CARDIO RESPIRATORY TESTING:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the ODG, polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsiveness to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia. In this case, there are reports of difficulty sleeping and snoring. However, there is no documentation regarding the frequency and associated findings to warrant a polysomnogram at this time. Therefore, the request is not medically necessary and appropriate.

**90 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the ODG, Theramine is not recommended. It is a medical food that is a proprietary blend of GABA and choline bitartrate, L-arginine, and L-serine intended for management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. 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. There is no indication documenting the need for this medication instead of first-line medications for pain. Therefore, the request is not medically necessary and appropriate.

**ONE PRESCRIPTION FOR TOPICAL CREAMS CFTMC AND FT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** As noted on page 111-113 of the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the MTUS Chronic Pain Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. According to the MTUS Chronic Pain Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Tramadol is indicated for moderate to severe pain. Regarding the Menthol component, the MTUS Chronic Pain Guidelines does not cite specific provisions, but the ODG 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. There is no indication for the necessity of topical analgesics in this patient. Also, certain components are not recommended for topical application. Therefore, the request for topical creams is not medically necessary and appropriate.