MAXIMUS Federal Services

Case Number:	CM14-0005035		
Date Assigned:	01/24/2014	Date of Injury:	06/18/2013
Decision Date:	07/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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:

This is a 52-year-old female with a 6/18/13 date of injury. She injured her back, neck and left shoulder when a trash can got caught and she fell over it. A 1/7/14 progress report indicates the patient has right shoulder pain. Objective exam shows TTP to the right shoulder due to recent surgery. She is s/p right shoulder rotator cuff repair on 11/14/13. She is currently not working. Treatment to date: rotator cuff repair on 11/14/13, PT, medication management. A UR decision dated 12/27/13 denied the requests. The UR decision was not provided for review so the rationale is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOLLOW-UP VISIT EVERY 4-6 WEEKS (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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.

Decision rationale: The CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress,

and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. This patient is s/p right rotator cuff repair on 11/14/13. The guidelines do support frequent follow-ups with the primary treating physician, or in this case, the orthopedic surgeon in the post-operative management of the patient. The patient, at the time of the UR decision, was just over a month from her surgery. Guidelines do support follow-up care. However, this request indicates that the physician would like a follow-up visit every 4 to 6 weeks with no specific time frame listed. Guidelines cannot support an unlimited quantity of follow-up visits. Therefore, this request, as submitted, is not medically necessary.

PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG, #60 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no clear discussion of continued analgesia and functional improvement gained from the opiates. Guidelines require clear and concise documentation of continued analgesia, continued functional benefit, lack of adverse side effects, or aberrant behavior. There is no documentation of an opiate pain contract or CURES monitoring. This request, as submitted, is not medically necessary.

PRESCRIPTION OF THERAMINE #60 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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.

Decision rationale: The CA MTUS does not address this issue. ODG states that Theramine is not recommended. There is no high quality peer-reviewed literature that suggests that GABA is indicated. There is no known medical need for choline supplementation; L-Arginine is not indicated in current references for pain or inflammation; L-Serine is not indicated. In a manufacturer study comparing Theramine to naproxen, Theramine appeared to be effective in

relieving back pain without causing any significant side effects. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. Therefore, this request, as submitted, is not medically necessary.

PRESCRIPTION OF SENTRA AM #60 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

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 Foods.

Decision rationale: The CA MTUS does not address this issue. ODG states that medical foods are recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." However, it is unclear why the patient is being prescribed Sentra AM. There is no clear description of a nutritional deficiency in this patient that would require supplementation with a medical food. This request, as submitted, is not medically necessary.

PRESCRIPTION OF SENTRA PM #60 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sentra.

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, Sentra.

Decision rationale: The CA MTUS does not address this issue. ODG states that Sentra PM is intended for use in management of sleep disorders associated with depression. Sentra PM is a medical food that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Choline is a precursor of acetylcholine. ODG states 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. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). However, there is no clear description of insomnia or depression in this patient. It is unclear if other first-line agents for depression or insomnia have been utilized for this patient. This request, as submitted, is not medically necessary.

PRESCRIPTION OF GABADONE #60 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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 Other Medical Treatment Guideline or Medical Evidence:FDA Medical Foods.

Decision rationale: Official Disability Guidelines (ODG) Pain Chapter, Sentra

PRESCRIPTION OF TEROCIN PAIN PATCH BOX (10 PATCHES), #2 (PER 12/19/13 FORM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 112.

Decision rationale: The MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no description of failure of a first-line agent such as a TCA or Gabapentin. It is not clearly documented where the patient is using the patch. This request, as submitted, is not medically necessary.