

Case Number:	CM14-0005078		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2011
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
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:

The applicant has filed a claim for bilateral knee arthritis reportedly associated with an industrial injury of August 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; nutritional supplement; earlier knee arthroscopy; and extensive periods of time off of work. In a Utilization Review Report dated December 31, 2013, the claims administrator denied a request for Therabenzaprine and Theracodophen, dietary supplements, citing the 1997 California Official Medical Fee Schedule (OMFS). It was stated that OMFS specifically precluded reimbursement for the dietary supplements in question. The applicant's attorney subsequently appealed. In progress notes of December 3, 2013, November 5, 2013, and October 8, 2013, it was stated that the applicant was placed off of work, on total temporary disability. Unspecified medications and creams were dispensed for pain relief on several of the dates in question. The applicant exhibited an antalgic gait. The applicant was again described as totally temporarily disabled on February 11, 2014. On no occasion did the attending provider completely detailed or described the applicant's medication list. The applicant simply received refills of unspecified medications on multiple occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 6/18/13) FOR THERABENZAPRINE- 60: 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; ACOEM PRACTICE GUIDELINES, THIRD EDITION, , CYCLOBENZAPRINE TOPIC; CHRONIC PAIN CHAPTER; ALTERNATIVE TREATMENTS SECTION, PAGE 7-8, PAGE 41

Decision rationale: No, the request for Therabenzaprine was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that the attending provider should justify a choice of pharmacotherapy based on type of pain to be treated and should, furthermore, tailor medications and dosage to the applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Both pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines further state that physicians prescribing medications for non-FDA approved labels should be well informed about the same and should use the same in scientific and evidence-based methods. In this case, however, no usage or rationale for the medication in question, Therabenzaprine, an amalgam of Theramine, a dietary supplement, and cyclobenzaprine, a muscle relaxant, was provided. As further noted in the Third Edition ACOEM Guidelines, dietary supplements, nutritional supplements, and complementary treatments are not recommended in the treatment of chronic pain, as they have no proven benefits or functional outcomes in the treatment of the same. Finally, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines notes that addition of cyclobenzaprine or Flexeril, another ingredient in the compounded formulation here, is not recommended. In this case, the applicant is using other agents, including another dietary supplement, discussed below. For all of the stated reasons, then, the request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 6/18/13) FOR THERACODOPHEN 325: 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ACOEM PRACTICE GUIDELINES, THIRD EDITION, CHRONIC PAIN CHAPTER, ALTERNATIVE TREATMENTS SECTION, PAGE 7-8

Decision rationale: Similarly, the proposed Theracodophen compound is likewise not medically necessary, medically appropriate, or indicated here. One of the ingredients in the compound here is Theramine, a dietary supplement. The MTUS does not specifically address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Theramine are not recommended in the treatment of chronic pain, as they have not been shown to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. Theramine is not endorsed in the treatment of chronic pain, per the FDA. As further noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of

medications for non-FDA approved purposes should occur when attending providers are well informed about the medication in question and are using the same for scientific, evidence-based purposes. In this case, however, no rationale, narrative, or commentary was attached to any progress note or to the request for authorization so as to justify usage of the Theracodophen compound for non-FDA approved purposes. Therefore, the request is not medically necessary.