MAXIMUS Federal Services

Case Number:	CM14-0009195		
Date Assigned:	02/14/2014	Date of Injury:	07/13/2010
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old male who reported injury on 07/13/2010. The mechanism of injury was not provided. The medication history included omeprazole, Zanaflex, Prozac, tramadol, Theramine, and Sentra PM as of 06/2013. The followup examination dated 11/20/2013 revealed the injured worker had low back, mid back, and upper back as well as right posterior neck, left elbow, and right elbow pain. The injured worker was noted to have anxiety and insomnia. The diagnoses included lumbar facet syndrome, thoracalgia, cervical brachial syndrome, spasm of muscles, cervical myalgia and myofascitis, probably post-traumatic anxiety and depression, and post-traumatic insomnia. The treatment plan included acupuncture, 1 x Wk x 6 Wks, chiropractic treatment 2 times per month, gabapentin 600 mg 1 daily for neuropathic pain #60, MRI of the left elbow, trigger point injections in the upper back for myofascial pain, trigger point injection for the elbow, injection for the left side of the left elbow, Anaprox for joint and tissue inflammation, and Prilosec 2 times a day as a proton pump inhibitor. It was indicated the injured worker would be using an NSAID and other medication which placed them at risk. Other medications that were being requested included tramadol/ Ultram, Sentra PM, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60,: 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, NSAIDS, SPECIFIC RECOMMENDATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. It is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The duration of use could not be established with the supplied documentation. There was a lack of documentation indicating the necessity for 2 tablets per day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Anaprox 550 mg #60 is not medically necessary.

OMEPRAZOLE 20MG #60,: 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, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinician should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or the use of high dose multiple NSAIDs. The clinical documentation indicated the injured worker would be utilizing an NSAID which the physician opined would place the injured worker at risk of developing gastric distress without the use of a GI protected medication. The clinical documentation indicated the injured worker had been utilizing the medication since 06/2013. There was lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the request for Anaprox was found to be medically unnecessary, the request for omeprazole 20 mg #60 is not medically necessary.

TRAMADOL 50MG #60: 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, OPIOIDS, ONGOING MANAGEMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 06/2013. There was a lack of documentation meeting the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #60 is not medically necessary.

THERAMINE: 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 Official Disability Guidelines (ODG) Pain Chapter, Theramine, Medical Foods

Decision rationale: The Official Disability Guidelines do not recommend Theramine and indicated that it is a medical food. Medical foods are recommended if they are a food which is formulated to be consumed 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. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 06/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency, quantity and strength of the medication being requested. Given the above, the request for Theramine is not medically necessary.

SENTRA: 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 Official Disability Guidelines (ODG) Pain Chapter, Sentra PM

Decision rationale: The Official Disability Guidelines indicate that Sentra PM is a medical food that is intended for the use in the management of sleep disorders associated with depression. Additionally, they indicate to be considered the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. The clinical documentation submitted for review failed to meet the above criteria. The clinical

documentation indicated the injured worker had been utilizing the medication since 06/2013. There was a lack of documented efficacy for the requested medication. There are 2 formulations of Sentra, Sentra AM and Sentra PM and there was a lack of documentation indicating which Sentra was being requested. The request as submitted failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for Sentra is not medically necessary.