MAXIMUS Federal Services

Case Number:	CM14-0101468		
Date Assigned:	07/30/2014	Date of Injury:	10/06/2010
Decision Date:	09/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Pain 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 injured worker is a 46-year-old male who reported an injury on 10/06/2010, reportedly while working for construction for many years he sustained injuries to the lower back and shoulder. The injured worker's treatment history included spinal cord stimulator, urine drug screen, medications, physical therapy, MRI, back surgery, and medications. The injured worker was evaluated on 06/02/2014 and, it was documented that the injured worker complained of pain to the lower back radiating to the bilateral legs. No new pain and no new symptoms since the last visit. He complained of still having a lot of leakage at the incision site on his back. The injured worker's pain score was 6/10 at the time of visit. Without pain medications, the injured worker's pain score was 9/10. With pain medications, the injured worker's pain score was 5/10. Within the documentation, the injured worker had a urine drug screen that was positive for doxepin and nicotine. The provider noted he reviewed the urine drug test, which showed inconsistencies with the medication that he has been prescribed. He denied that he was only taking medications that was prescribed and nothing else. However, he mentioned that the incision on his back was itching and burning all the time, oozing out clear secretion. Otherwise, he was getting pain relief from the stimulator, 50% pain reduction, he stated. Therefore, the injured worker will continue with the current medications as they give him pain relief and improve function. Medications included Theramine, "Trepidone," Norco, Idrasil 25 mg, and Fluriflex ointment. Diagnoses included lumbar radiculopathy, S/P L5-S1 fusion; chronic pain syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain; chronic pain related depression; and prescription narcotic dependency. The Request for Authorization dated 06/02/2014 was for Idrasil 25 mg. The rationale was for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic, Medical Food, Gabadone.

Decision rationale: The request for Gabadone #60 is not medically necessary. Per the Official Disability Guidelines (ODG), stated that Gabadone is not recommended. Gabadone is a medical food from [redacted], that is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and Gabadone. It is intended to meet the nutritional requirements for inducing sleep, and treatment for neuropathic pain. The request failed to indicate duration and frequency of medication. The provider failed to indicate the injured worker's outcome of conservative measures to include physical therapy and pain management. As such, the request for Gabadone #60 is not medically necessary.

Idrasil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 664.

Decision rationale: The request for Idrasil 25 mg #30 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines stated that cannabinoids are not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time, it is difficult to justify advising patients to smoke street grade marijuana, presuming that they will experience benefit, when they may also be harmed. The results of a double-blind crossover study suggest that smoked cannabis may reduce pain intensity for patients with neuropathic pain, although the Food and Drug Administration FDA, Substance Abuse and Mental Health Services Administration SAMHSA, and the National Institute for Drug Abuse (NIDA) report that no sound scientific studies support the medicinal use of cannabis. The provider failed to indicate the injured worker's conservative measures to include medication, pain management, and prior physical therapy treatment. Additionally, the Guidelines do not recommend the use of Idrasil. As such, the request for Idrasil 25 mg #30 is not medically necessary.