

Case Number:	CM14-0101488		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2000
Decision Date:	08/29/2014	UR Denial Date:	06/15/2014
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 Emergency 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 has a reported date of injury of 11/1/2000. No mechanism of injury was provided for review. The worker has a diagnosis of left shoulder sprain/strain, left rotator cuff tear post-surgical repair, chronic pain syndrome, neuralgia, neck sprain/pain, lumbar radiculopathy, myofascial syndrome, neuropathic pain, narcotic dependence, depression and tension headaches. Medical records reviewed. The last progress report available 7/7/14 says that the worker complains of left a hip pain which is a new complaint. On 5/2014 injured worker claimed that there was pain in the left shoulder and bilateral wrist with no other new pains or complaints at that time. The pain is a 7/10 and improves to 2/10 with pain medications. The worker has reportedly missed multiple months of physical therapy despite approval and has reportedly not scheduled appointments for Physical Therapy as of 7/7/14. There are no documented physical exams in all the provided PR-2 progress notes by the treating physician for the 2014. There no imaging or electrodiagnostic reports were provided for review. The patient already had a Urine Drug Screen on 4/16/14 that was appropriate. The workers current medication list includes Opana ER, Opana IR, Pristiq, Fluriflex ointment and Prilosec. The Independent Medical Review is for Urine Drug Screen, Trazodone, Theramine #120, Opana 40mg #15, NESP-R Program consultation and Gabadone #unknown amount. Two prior Utilization Reviews dated 3/11/14 and 6/15/2014 determined the request as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prospective request for 1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Regarding urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Drug Testing>, page(s) <43> Page(s): 43.

Decision rationale: As per MTUS Chronic Pain Management guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. The injured worker had 2 prior negative urine drug screens with the last drug screen on 4/16/14 being appropriate. The treating physician has not noted anywhere about concerns for drug abuse or non-compliance with pain management plan. Patient is low to moderate risk and the number of requested of urine drug screens within such a short time or duration is not justified in the documentation. Therefore, the request is not medically necessary.

1 prospective request for 1 prescription of Theramine # 120: Upheld

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

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 Food>.

Decision rationale: Theramine is a brand name product, being sold by [REDACTED], containing multiple non-prescription generic substances including amino acids and polyphenol ingredients claimed by its manufacturer to aid in various inflammatory conditions and pains. There is only marketing information available online. It is marketed as a medical food/non-medicinal supplement. Similar to many of these medical food products, it makes multiple vague claims so as not to require FDA trials. There are no supporting good quality studies on the efficacy of this product. The studies often quoted are poorly designed studies. There are no corresponding sections in ACOEM or MTUS concerning these substances. The ODG indicates medical food is defined as a food which is formulated to be consumed or internally 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. Patient has no documented nutritional deficiency causing pain. A medical food is not indicated since there is no nutritional deficiency or documented nutritional special requirements. Theramine is an unevidenced non-medicinal substance with unknown efficacy or safety profile and is not medically necessary.

1 prospective request for 1 prescription of Opana 40 mg # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids>, page(s) <76-78> Page(s): 76-78.

Decision rationale: Opana is Oxymorphone, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is report of mild improvement in pain on VAS scale but no provided objective documentation of improvement in pain or activity of daily living. In combination of all of opioids that patient is on, patient has exceeded the recommended safe level of 120mg Morphine Dose Equivalent level. Documentation does not support the continued ongoing management and use of Opana and patient is taking excessive amounts of opioids. Use of Opana is not medically necessary.

1 prescription for 1 NESP-R program consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chronic pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Chronic Pain Programs(functional restoration programs)>, page(s) <30-32> Page(s): 30-32.

Decision rationale: NESP-R program is the name of proprietary program developed by the requesting physician. It appears to be a type of chronic pain management program but there are no details on the program noted. As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement. Fails Criteria. The provided documentation does not provide any assessment of function and does not even document an appropriate physical exam. 2) Failure of prior chronic pain treatment. Fails criteria. There is no proper documentation of prior chronic management plans. 3) Loss of function due to pain. Fails criteria. As stated, the lack of documentation of function does not support these criteria. 4) Not a candidate for surgery. Meets criteria. 5) Motivation to change. Fails criteria. Injured worker has repeatedly failed to even attend physical therapy sessions. There is doubt about the motivation to change. 6) Negative predictors for success have been addressed. Fails criteria. Zero documentation of assessment of negative predictors noted on chart. The documentation fails multiple criteria for recommendation for a functional restoration program. Therefore, the NESP-R is not medically necessary.

Prospective request for unknown prescription of Gabadone: Upheld

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

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 Food>.

Decision rationale: Gabadone is a brand name product, being sold by Targeted Medical Pharma, containing multiple non-prescription generic substances including amino acids and polyphenol ingredients claimed by its manufacturer to aid in various sleep conditions and anxiety. There is only marketing information available online. It is marketed as a medical food/non-medicinal supplement. Similar to many of these medical food products, it makes multiple vague claims so as not to require FDA trials. There are no supporting good quality studies on the efficacy of this product. The studies often quoted are poorly designed studies. There are no corresponding sections in ACOEM or MTUS concerning these substances. The ODG indicates medical food is defined as a food which is formulated to be consumed or internally 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. Patient has no documented nutritional deficiency causing sleep problems or anxiety. A medical food is not indicated since there is no nutritional deficiency or documented nutritional special requirements. Gabadone is an unevicenced non-medicinal substance with unknown efficacy or safety profile and is not medically necessary.