

Case Number:	CM14-0109095		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2012
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on May 16, 2012. The most recent progress note, dated May 19, 2014, indicates that there were ongoing complaints of left shoulder pain and cervical spine pain. The physical examination demonstrated tenderness over the right shoulder and slightly decreased range of motion. There was a positive impingement test, Neer's test, Speed's test, and Codman's test. Diagnostic imaging studies were not available. Previous treatment includes cervical spine epidural steroid injection. A request had been made for Trepadone, Theramine, and a topical compound of tramadol/gabapentin and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone one tablet two times daily, #90.: 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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

Decision rationale: According to the Official Disability Guidelines there is no indication for the use of Trepadone in the treatment of right shoulder or cervical spine pain. As such, this request for Trepadone is not medically necessary.

Theramine one tablet two times daily, #50.: 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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

Decision rationale: According to the Official Disability Guidelines there is no indication for Theramine in the treatment of shoulder or cervical spine pain. As such, this request for Theramine is not medically necessary.

flurbiprofen, tramadol, gabapentin topical cream, quantity one.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include tramadol and gabapentin. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for flurbiprofen/tramadol/gabapentin is not medically necessary.