MAXIMUS Federal Services

Case Number:	CM14-0015676		
Date Assigned:	03/03/2014	Date of Injury:	08/19/2011
Decision Date:	07/22/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/07/2014

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 patient is a 44-year-old male who has filed a claim for rotator cuff rupture associated with an industrial injury date of August 19, 2011. Review of progress notes indicates lateral and posterior right shoulder pain. Findings include decreased active range of motion, tenderness over the subacromial space, decreased motor strength of the infraspinatus and supraspinatus, and positive impingement signs. Treatment to date has included NSAIDs, opioids, sedatives, medical foods, topical analgesics, corticosteroid injections, and right shoulder subacromial decompression and post-capsular release in September 2013 with post-operative physical therapy. Utilization review from January 08, 2014 denied the requests for Gabadone 450mg #60, Sentra PM 450mg #60, and Theramine 450mg #90 as medical foods are not recommended; naproxen 550mg #60 as long-term use is not supported; and Omeprazole 20mg #30 as there was no documentation that this patient is at risk for GI upset/bleed. There was modified certification for Hydrocodone 10325mg for #45 and Trazodone 100mg for #30 as there was no documentation of improvement with these medications, and weaning was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABADONE 450MG #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 (ODG).

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, GABAdone.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. The Official Disability Guidelines also state that GABAdone is not recommended as it is a medical food. It is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patient who are experiencing anxiety related to sleep disorders. Patient has been on this since August 2013. There is no documentation regarding nutritional deficiencies, anxiety, or sleep difficulties in this patient. Also, this compound is not recommended for use. Therefore, the request for Gabadone #60 was not medically necessary.

HYDROCODONE 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since August 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Hydrocodone 10/325mg #90 was not medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since August 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for naproxen 550mg #60 was not medically necessary.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GIT Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since August 2013. There is no documentation of the above-mentioned risk factors, or of upper GI symptoms in this patient. Therefore, the request for Omeprazole 20mg #30 was not medically necessary.

SENTRA PM 450MG #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 (ODG) Pain chapter.

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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, Sentra PM is intended for use in management of sleep disorders associated with depression. Sentra PM is a proprietary blend of choline, bitartrate, glutamate, and 5-hydroxytryptophan. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic Acid is used for treatment of Hypochlohydria and Achlorhydria including those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. Patient has been on this medication since August 2013. In this case, there is no indication regarding nutritional deficiencies, anxiety, sleep disorders, fibromyalgia, or the other conditions as mentioned above in this patient to support this request. Therefore, the request for Sentra PM #60 was not medically necessary.

THERAMINE 450MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Theramine.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, Theramine is not recommended. It is a medical food that is a proprietary blend of GABA and choline bitartrate, L-Arginine, and L-serine intended for management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. Patient has been on this since August 2013. There is no indication regarding the rationale for this request, and there is no documentation that the patient is unable to tolerate or has failed treatment with first-line pain medications. In this case, there is no need for variance from the guidelines. Therefore, the request for Theramine #60 was not medically necessary.

TRAZODONE 100MG #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has been on this medication since August 2013. Recent progress notes indicate that patient does not have difficulty sleeping. There is no indication for this medication. Therefore, the request for Trazodone 100mg #60 was not medically necessary.