

<b>Case Number:</b>	CM14-0016752		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/19/2007
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Interventional Spine 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 54-year-old male with a date of injury of 04/19/2007. The listed diagnoses are: Chronic regional pain syndrome, Right hand and wrist pain/strain, Status post crush injury to the right hand, Chronic pain related to insomnia, Neuropathic pain and Chronic pain related anxiety. According to report dated 12/11/2013, the patient presents with increased complaints of pain in the neck, right arm, and shoulder. The patient notes he had an increase of pain after going back to work. The patient rates current pain as 7/10. Patient's pain score with medications is 7/10 and without medication is 9/10. The patient states Keto-Flex ointment is helping him a lot. Patient's medication regimen includes Nucynta 100 mg for breakthrough pain, serrapeptase twice a day for pain, Prilosec 20 mg for gastric reflux related to NSAID, Colace 100 mg for constipation, Pristiq 50 mg for depression, Catapres-TTS patch for sympathetically maintained pain, Anaprox for inflammation, Elavil 25 mg for pain-related insomnia, Lyrica 150 mg, and Keto-Flex compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF PRILOSEC 20MG #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** This patient presents with continued pain in the neck, right arm, and shoulder. Treater is requesting Prilosec 20 mg #30 for "gastric reflux related to NSAID use." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treater has been prescribing this medication with Anaprox since 05/24/2013. The treater indicates the patient has gastric reflux secondary to NSAID intake. Given patient's long term use of Anaprox and gastric reflux disease, recommendation is for approval.

#### **1 PRESCRIPTION OF CATAPRES TTS PATCH 0.2MG/24 HOURS #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38.

**Decision rationale:** This patient presents with continued pain in the neck, right arm, and shoulder. The treater is requesting Catapres-TTS patch 0.2 mg/24 hours to be applied topically for sympathetically maintained pain. In reference to Clonidine, the MTUS guidelines discuss its intrathecal use. For oral use, MTUS page 38 states that it can be useful for secondary agents in treatment of CRPS. Clonidine can also be used for epidural sympathetic blockade. In this case, the treater is prescribing a patch form of Clonidine for this patient's neck and shoulder pain. MTUS guidelines do not support use of Clonidine for these diagnoses. Recommendation is for denial.

#### **1 INTRAVENOUS MAGNESIUM THERAPY SESSION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complex Regional Pain Syndrome (CRPS) / Reflex Sympathetic Dystrophy (RSD): Treatments

**Decision rationale:** This patient presents with continued pain in the neck, right arm, and shoulder. The treater is requesting authorization for intravenous magnesium therapy for his neuropathic pain. The ACOEM, MTUS and ODG guidelines do not discuss Intravenous Magnesium therapy. AETNA guidelines discuss IV injections for medical conditions and considers it for Anemia, GI disorders, Neuropathy due to malnutrition/alcoholism/pernicious

anemia/posterolateral sclerosis. Based on current evidence, it does not appear that magnesium administered via IV is supported for treatment of chronic pain. Recommendation is for denial.

### **1 PRESCRIPTION OF SERRAPEPTASE #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 491, Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with continued pain in the neck, right arm, and shoulder. Treater is recommending patient to start serrapeptase once a day for pain #60. The ACOEM, MTUS and ODG guidelines do not discuss Serrapeptase. A search on the web at <http://www.serrapeptase.info> states, "Serrapeptase is the miracle enzyme." The article further states, "The natural Chelation-Anti-Inflammatory Serrapeptase has had wide clinical use - spanning over twenty-five years throughout Europe and Asia." The ACOEM guidelines have the following regarding evidence based medicine on page 491. "Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, Serrapeptase is a dietary supplement that has not been FDA approved. Recommendation is for denial.