

Case Number:	CM14-0110232		
Date Assigned:	09/19/2014	Date of Injury:	12/05/2011
Decision Date:	11/04/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 59 year-old female with date of injury 12/05/2011. The medical document associated with the request for authorization was a primary treating physician's progress report, dated 06/18/2014, listing subjective complaints as low back pain radiating into both legs with weakness. Objective findings were: No physical examination was documented. Diagnosis: 1. Lumbar radiculopathy 2. Herniated lumbar disc 3. Pain-related insomnia 4. Myofascial syndrome 5. Neuropathic pain 6. Prescription narcotic dependence. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as the dates provided below. Medications are: 1. Toradol 60mg IM x12. Vitamin B-12 two cc IM x13. Percura, #120 SIG: two p.o. twice a day (first prescribed 04/23/2014) 4. Gabadone, #60 SIG: two at bedtime (taking at least three months) 5. TG Hot (Lidocaine/Gabapentin/Menthol/Capsaicin(Camphor) Compound Cream 240gm SIG: tid (taking at least three months) 6. Norco 10/325mg, #30 SIG: bid (taking at least three months) 7. Opana IR 10mg, #120 SIG: 1 po q 6 hours (taking at least three months) 8. Duexis (Motrin 800mg/famotidine 26.6mg), #60 SIG: twice a day (first prescribed 04/23/2014) 9. Buspar 10mg, #60 SIG: BID (taking at least three months) 10. Xanax 2mg, #30 SIG: po q hs (first prescribed 04/02/2014) 11. Protonix 40mg, #30 SIG: one a day (taking at least three months) 12. Metaxelone 800mg, #90 SIG: one three times a day (taking at least three months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-12 Two cc IM x 1: Upheld

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

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), Vitamin B12 complex

Decision rationale: The Official Disability Guidelines state that vitamin B 12 is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Therefore, Vitamin B-12 Two cc IM x 1 is not medically necessary.

Percura Two p.o. twice a day #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

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

Decision rationale: Percura is a medical food composed of a proprietary blend of amino acids. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally 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. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Therefore, Percura Two p.o. twice a day #120 is not medically necessary.

Gabadone tow at bedtime #60: 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) Pain (Chronic), Medical food

Decision rationale: Gabadone is a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally 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. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Therefore, Gabadone two at bedtime #60 is not medically necessary.

TG Hot (Lidocaine/Gabapentin/Menthol/Capsaicin/Camphor) Compound ointment 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: TG Hot is a compounded medication with the ingredients Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is gabapentin. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. Furthermore, there is no peer-reviewed literature to support use. As such, TG Hot (Lidocaine/Gabapentin/ Menthol/Capsaicin/Camphor) Compound ointment 240gm is not medically necessary.

Duexis (Motrin 800mg/famotidine 26.6mg) #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient has been treated for this injury for 2-1/2 years. The MTUS states that there is no evidence of long-term effectiveness for pain or function. As such, Duexis (Motrin 800mg/famotidine 26.6mg) #60 is not medically necessary.

Buspar 10mg #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 - 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 (Chronic), Anxiety medications in chronic pain

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. Buspirone, trade name Buspar, is an anxiolytic psychotropic drug of the azapirone chemical class. Buspirone is approved in the United States by the FDA for the treatment of anxiety disorders and the short-term relief of the symptoms of anxiety. This patient does not carry a diagnosis of anxiety disorder. The medical record indicates that she is using anti-inflammatory medication to induce sleep. Therefore, BuSpar is not medically necessary.

Xanax 2mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has a history of long-term use of Xanax. As such, Xanax is not medically necessary.

Protonix 40mg # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole. Decision based on Non-MTUS Citation Official Disability Guidelines -pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. The patient has previously had an endoscopic biopsy where the antral mucosa showed reactive gastropathy. Therefore, Protonix 40mg #30 is medically necessary.

Metaxalone 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant Metaxalone for at least 3 months, which is longer than recommended by the MTUS. Therefore, Metaxalone 800mg #90 is not medically necessary.