MAXIMUS Federal Services

Case Number:	CM14-0113406		
Date Assigned:	09/22/2014	Date of Injury:	07/10/2007
Decision Date:	12/11/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 & 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 56 year old female with an injury date on 07/10/2007. Based on the 06/02/2014 progress report provided by [redacted] the diagnoses are:1. Cervical radiculopathy2. Cervical sprain and strain3. Bilateral shoulder sprain/strain4. Myofascial syndrome5. Neuropathic painAccording to this report, the patient complains of "bilateral shoulder pain, bilateral knee, bilateral wrist and hand pain." Patient's current and average pain is a 4/10. "Without pain medication pain patient's pain is 9/10 and with medications patient's pain score is 4/10." Physical exam findings were not included in this and the 05/08/2014 report. There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [redacted] is the requesting provider and he provided treatment reports from 12/27/2013 to 06/02/2014..

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone, qty 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 - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/14), Medical Food

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: According to the 06/02/2014 report by [redacted] this patient presents with "bilateral shoulder pain, bilateral knee, bilateral wrist and hand pain."The treater is requesting Gabadone, qty 60. Regarding Gabadone, ODG guidelines states "Not recommended. Gabadone is a medical food from Physician Therapeutics,[redacted] that 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 patients who are experiencing anxiety related to sleep disorders. (Shell, 2009) See Medical food, Choline, Glutamic Acid, 5-hydroxytryptophan, and Gamma-aminobutyric acid (GABA)." ODG further states ,"There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation." In this case, choline and GABA, an ingredient in Gabadone is not supported by ODG guidelines. Therefore, the request is not medically necessary.

Trepadone, qty 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 - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/14), Medical Food

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, online for trepadone

Decision rationale: According to the 06/02/2014 report by [redacted] this patient presents with "bilateral shoulder pain, bilateral knee, bilateral wrist and hand pain."The treater is requesting Trepadone, qty 120. Regarding Trepadone, ODG guidelines states "Trepadone is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. See Medical food, L-Arginine, Glutamic Acid, Choline, L-Serine, and Gamma-aminobutyric acid (GABA)." ODG further states, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation." In this case, choline and GABA, an ingredient in Trepadone is not supported by ODG guidelines. Therefore, the request is not medically necessary.

Voltaren 75mg, qty 45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ;Anti-inflammatory medications ;non-steroidal anti-inflammatory dru.

Decision rationale: According to the 06/02/2014 report by [redacted] this patient presents with "bilateral shoulder pain, bilateral knee, bilateral wrist and hand pain."The treater is requesting Voltaren 75mg, qty 45. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient was first prescribed Voltaren on 05/08/14. The treater indicates that Voltrarn "really helped her." The request Voltaren appears reasonable and consistent with MTUS guidelines. The request is medically necessary.

Urine Drug Screen x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/14), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: According to the 06/02/2014 report by [redacted] this patient presents with "bilateral shoulder pain, bilateral knee, bilateral wrist and hand pain."The treater is requesting Urine Drug Screen x 1. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports show a recent UDS was done on 02/27/2014 with result of "negative for all medication." There were no discussions regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed but given the patient's opiate intake, UDS at least once a year on a random basis is supported by ODG. The request is medically necessary.