MAXIMUS Federal Services

Case Number:	CM14-0115694		
Date Assigned:	08/08/2014	Date of Injury:	01/22/2010
Decision Date:	09/12/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 65 years old, and he was injured on 1/22/10. He contused the right knee when moving equipment at work. There was dull, aching and throbbing right knee pain. There was difficulty with a normal gait. The range of motion of the knee was diminished. He has had two prior surgeries, a right knee Meniscectomy in 2012, and a right knee Arthroplasty in 2013. Vicodin was not effective for his pain. The doctor describes that there is an escalating pain and the narcotic use was increasing. There may be loosening of the prosthesis on the right and clonidine is reportedly for sympathetically mediated pain. The doctor notes, right knee is unstable and failing. There may be a fracture in the hip area and Trepadone is taken for inflammation, reportedly helps him considerably, and Gabadone is for insomnia, which is helping. The remaining records were examined for information pertaining to these requests and the utilization review (UR) summary captured a good deal of key information regarding the requests. Norco 10/325 #120 mg is medically necessary while Gabadone, Trepadone and Clonidine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 Page 88 of 127 Page(s): 88 OF 127.

Decision rationale: In the utilization review in question, Norco was medically necessary. In regards to Opiates, long term use, the MTUS guidelines poses several analytical questions such as, "Has the diagnosis changed? What other medications is the patient taking? Are they effective, producing side effects? What treatments have been attempted since the use of opioids? Lastly, what is the documentation of pain, functional improvement and compared to the baseline?" These are important issues and they were addressed in this case. There is documentation of functional need with the regimen. Therefore the certification for the Norco 10/325 #120 mg is medically necessary.

Gabadone # 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, Gabadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain section, regarding medical foods.

Decision rationale: The ODG rates Gabadone as not recommended. It is a medical food from [redacted], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. The substance is made up agents with little to no proven effectiveness. One is Choline, which is a precursor of acetylcholine. 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. Based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations this request for Gabadone #60 is not medically necessary and appropriate.

Trepadone # 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, Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain section regarding Medical Foods.

Decision rationale: The substance is made up agents with little to no proven effectiveness. It contains Gamma-amino butyric acid (GABA) and this supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia and it has substantial adverse reactions. Based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations this request for Trepadone #120 is not medically necessary and appropriate.

Clonidine 0.1 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 34 and 35 of 127 Page(s): 34-35 OF 127.

Decision rationale: The MTUS mentions its use Intrathecal, but not orally. It is recommended only after a short-term trial indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long-term pain relief (when used in combination with opioids approximately 80% of patients had 24 months of pain relief). The MTUS also noted it is used historically as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. One intermediate quality randomized controlled trial found that Intrathecal clonidine alone worked no better than placebo. This is as an oral medicine and there are no peer reviewed, mainstream studies demonstrating effectiveness for pain management in the oral form. Therefore the request for Clonidine 0.1 MG #30 is not medically necessary and appropriate.