

<b>Case Number:</b>	CM14-0119158		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/29/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 48-year-old male who reported an injury on 05/29/2001, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his shoulder, low back and cervical spine. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medications included GABADone, Theramine, Nucynta, Prilosec, LG Hot, MiraLAX, Idrasil and Toradol injections. The injured worker was evaluated on 07/03/2014. It was documented that the injured worker had persistent pain complaints that prevented him from participating in activities of daily living. It was noted that the injured worker had an 8/10 pain that was increased to a 10/10 pain level without medications. The injured worker's diagnoses included cervical herniated disc, cervical radiculitis, thoracic sprain/strain, thoracic pain, lumbar herniated disc, lumbar radiculitis, cephalgia, chronic pain. The injured worker's treatment plan included a refill of medications. A Request for Authorization form was not submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Theramine #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain; Opioids criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**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, Theramine.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address medical food. The Official Disability Guidelines do not recommend the use of Theramine as there is little scientific evidence to support the efficacy and safety of long term use of this medication. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, it is noted that the injured worker has 10/10 pain reduced to an 8/10 with medication usage. Continued use of this medication would not be supported by significant pain relief. Furthermore, the request, as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Theramine 120 is not medically necessary or appropriate.

**1 prescription of TGH0t ointment 240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Gabapentin; Menthol; Camphor; Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic.

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

**Decision rationale:** This is a compounded medication that contains gabapentin, menthol, camphor and capsaicin. The California Medical Treatment Utilization Schedule does not support the use of gabapentin in a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication in a topical form. The California Medical Treatment Utilization Schedule does not support the use of capsaicin, unless there is documentation that the injured worker has failed to respond to all first line treatments to include antidepressants and anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to other first line medications and requires the topical use of capsaicin. Furthermore, the request, as it is submitted, does not clearly identify a frequency of treatment or applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, one (1) prescription of TG Hot ointment 240 g is not medically necessary.

**1 prescription of Toradol 60mg IM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol injection; Ketorolac (Toradol); NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, GI Symptoms & Cardiovascular Risk; NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects for general guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**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, Ketorolac (Toradol®).

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend Toradol injections for acute exacerbations of chronic pain. The clinical documentation submitted for review does not indicate the injured worker has been experiencing an acute exacerbation of chronic pain and requires a Toradol injection to reduce opioid usage. The clinical documentation does not provide any evidence of the effectiveness of prior treatments. Therefore, the need for a Toradol injection IM is not medically necessary.