MAXIMUS Federal Services

| Case Number: | CM14-0125941 | | |
|---|---|---|---|
| Date Assigned: | 08/11/2014 | Date of Injury: | 04/01/2007 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

## 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 34-year-old male who reported an injury on 04/01/2007. The mechanism of injury involved repetitive activity. Current diagnoses include abdominal pain, diarrhea, ulcerative colitis, hypertension, and incision hernia. The injured worker was evaluated on 07/08/2014 with complaints of worsening diarrhea and right lower quadrant abdominal pain and cramping. Previous conservative treatment includes medication management. The current medication regimen includes Nexium, Citrucel, probiotics, Theramine, flurbiprofen/tramadol cream, gabapentin/amitriptyline/dextromethorphan cream. Physical examination revealed a soft abdomen with normoactive bowel sounds, 2+ tenderness to palpation over the epigastric and periumbilical region, and 1+ tenderness to palpation over the left upper and lower quadrant. Treatment recommendations at that time included a urine toxicology screen and laboratory studies as well as continuation of the current medication regimen. A Request for Authorization form was then submitted on 07/08/2014 for Nexium 40 mg, Citrucel, Probiotics, Theramine, and 2 compounded creams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #60 Quantity: 1 BottleBetween 7/8/2014 and 10/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN (CHRONIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Theramine.

**Decision rationale:** The Official Disability Guidelines state Theramine is not recommended for chronic pain. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the request. Therefore, the request is not medically necessary

**Urine Drug Screening and LabBetween 7/8/2014 and 10/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of medication. There is also no evidence that this injured worker falls under a high risk category that would require frequent monitoring. As the medical necessity has not been established, the request is not medically necessary.

**Flurbipprofen 20%/ Tramadol 20%Between 7/8/2014 and 10/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the current request is not medically appropriate. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

**Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%Between 7/8/2014 and 10/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the request. Therefore, the request is not medically necessary.