

<b>Case Number:</b>	CM14-0126110		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/12/1999
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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, 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 injured worker is a 65-year-old male who reported an injury on 09/12/1999. Diagnostic testing included urine drug screens. The injured worker was seen for a clinical evaluation with subjective complaints of back pain a 4/10 to 5/10. The objective findings revealed the statement that the injured worker is "doing very well on the current routine, and appointments may be stretched out every 4 months." The treatment plan is for the injured worker to continue chiropractic care, medications and return for re-evaluation. The rationale for the request was noted within the treatment plan. The Request for Authorization form was provided and dated 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for Urine drug screen is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an

option, using a drug screen to assess for the use or the presence of illegal drugs. The most recent urine drug screen was in 02/2014. There was no documentation that suggested a urine drug screen should be repeated so soon. Therefore, the repeat urine drug screen at this time is not medically necessary.

**Trepodone tablets Quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical foods. Decision based on Non-MTUS Citation Official Disability Guidelines/Medical foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Food.

**Decision rationale:** The request for Trepodone tablets Quantity: 120 is not medically necessary. The Official Disability Guidelines recognize Trepodone as a medical food from Targeted Medical Pharma Incorporated in Los Angeles, California. This is a proprietary blend of L-Arginine, L-glutamine, choline bitartrate, L-serine, and gamma aminobutyric acid. It is intended for use in the management of joint disorders associated with pain and inflammation. The injured worker's clinical documentation does not indicate inflammatory pain. In addition, the provider's request fails to document a dose and frequency. Therefore, the request for Trepodone tablets Quantity: 120 is not medically necessary.

**Theramine tablets Quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical foods. Decision based on Non-MTUS Citation Official Disability Guidelines/Medical foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Food.

**Decision rationale:** The request for Theramine tablets Quantity: 120 is not medically necessary. The Official Disability Guidelines do not recommend Theramine. Theramine is a medical food from Physician Therapeutics in Los Angeles, California. It is a proprietary blend of GABA and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The documentation submitted for review does not indicate inflammatory pain. The injured worker does not have a diagnosis of fibromyalgia or a neuropathic pain syndrome. In addition, the request fails to provide a dose and frequency. Therefore, the request for Theramine tablets Quantity: 120 is not medically necessary.

**Fluriflex ointment:** Upheld

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

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

**Decision rationale:** The request for Fluriflex ointment is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and there is no need to titrate. Many of these agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The use of these compounded agents requires knowledge of the very specific analgesic effect of each agent, and how it would be useful for the specific therapy required. The documentation provided for review does not indicate failed trials of antidepressants and anticonvulsants. The provider's request fails to provide a dosage, frequency, and quantity. Therefore, the request for Fluriflex ointment is not medically necessary.