

Case Number:	CM14-0138881		
Date Assigned:	09/05/2014	Date of Injury:	08/31/2004
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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 61-year-old female who reported injury on 08/31/2004. The mechanism of injury was not provided. The diagnoses included lumbosacral neuritis NOS. The injured worker's medications included trazodone, Theramine, Trepadone, Opana ER, Pristiq, Prilosec, Fluriflex, and 5HTP. There was a detailed Request for Authorization submitted for review. The mechanism of injury was not provided. The documentation of 07/25/2014 revealed the injured worker had complaints of pain in the bilateral shoulders, bilateral wrists, low back, bilateral legs, and bilateral hips. The injured worker was noted to be waking with suboccipital headaches. The injured worker's pain was a 7/10 with medications and a 10/10 with medications. The injured worker had a urine drug screen on 06/30/2014. The diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence, as well as chronic pain related depression and tension headaches. There was no physical examination submitted for review with the request. The treatment plan included the injured worker was managing with her current protocol. As such, the treatment plan included a continuation of trazodone 50 mg 2 tablets by mouth at bedtime, Theramine 2 tablets by mouth twice a day #120 for neuropathic pain, Trepadone 2 tablets by mouth twice a day #120, Opana ER 40 mg 1 tablet 3 times a day #90 for severe pain, Pristiq 100 mg 1 tablet by mouth daily #30 for depression, Prilosec 20 mg 1 tablet by mouth daily #30 for gastric reflex, Fluriflex ointment to affected site 3 times daily for pain, and 5HTP 100 mg by mouth daily #30. The injured worker's medication history included Prilosec 1 by mouth daily, Centraline, and Opana ER 40 mg, as well as Kava Kava 1 by mouth 3 times a day as of late 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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, Medical food

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for a treatment of chronic pain as they have not been shown to produce meaningful benefit or improvement in functional outcomes. The clinical documentation submitted for review failed to provide documented efficacy. The duration of use could not be established through supplied documentation; however, this medication was noted to be a continued medication. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Trepadone #120 is not medically necessary.

Opana ER 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was at least since late 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 40mg #90 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that that proton pump inhibitors are recommended for injured workers who are at intermediate or high risk for gastrointestinal

events. Injured workers with no risk and no cardiovascular disease do not require the use of a proton pump inhibitor. The duration of use was since at least late 2013. There was a lack of documentation of efficacy for the requested medication. Per the submitted request, the frequency was not provided. Given the above, the request for Prilosec 20mg #30 is not medically necessary.

Fluriflex Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use could not be established. However, the documentation indicated the injured worker was continuing the medication. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency and the quantity of Fluriflex being requested, as well as the strength. Given the above, the request for Fluriflex Ointment is not medically necessary.

5HTP 100mg #30: Upheld

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

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, Medical food

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for a treatment of chronic pain as they have not been shown to produce meaningful benefit or improvement in functional outcomes. They further indicate that 5-hydroxytryptophan, in alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. The clinical documentation submitted for review failed to provide documented efficacy. The duration of use could not be established through supplied documentation; however, this medication was noted to be a continued medication. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for 5HTP 100mg #30 is not medically necessary.