

<b>Case Number:</b>	CM14-0145854		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal 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 a 53 year old female who was injured on 10/03/2012 when she was assisting a co-worker with a cart and felt acute thoracic pain. Prior medication history included Losartan 50 mg, atorvastatin 40 mg, omeprazole 20 mg, Lyrica 150 mg, Advil as needed and hydrocodone-acetaminophen 7.5/325 mg, Citalopram 10 mg, and Voltaren Gel (which she reported she gets some relief). Prior treatment history has included physical therapy. Diagnostic studies were reviewed. Pain management note dated 08/05/2014 states the patient presented with complaints of pain in her mid to lower back with radiation down her legs into both of her knees which she describes as an achy pain and feeling like they're going to buckle. She rated her pain with an average of 7/10. On exam, she had tenderness over bilateral occiput and there was pain that radiated up into the left auricular area. The cervical spine revealed severe point tenderness over the C7-T1 and point tenderness over the C5-C6 area in the midline. There were trigger points elicited over the cervical paraspinal musculature. There was pain on extension that radiated down from the cervical spine. The lumbar spine revealed tenderness over the T8 and T10 spinous processes in the midline. The patient had a straight leg raise with elevation at 10 degrees on the right and 15 degrees on the left. The patient is diagnosed with lumbar radiculitis; herniated lumbar disc, neck pain, neuropathic pain, myofascial syndrome, and chronic pain related insomnia. The patient was recommended to continue FluriFlex, Theramine, and Gabadone. The patient was recommended for a DNA test to assess for narcotic addiction. Prior utilization review dated 08/19/2014 states the request for FluriFlex compound ointment, #240 grams (prescribed 08/05/14); Theramine #120 (prescribed 08/05/14); Gabadone #60 (prescribed 08/05/14); DNA test (DOS 08/05/14)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FluriFlex compound ointment, #240 grams (prescribed 08/05/14): 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 NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class which is not recommended renders the entire medication to be not recommended. The above medication is a combination of topical flurbiprofen and cyclobenzaprine. Cyclobenzaprine is a muscle relaxant which is not recommended for topical use. There has not been sufficient clinical data to prove a benefit with topical muscle relaxants. Additionally, the request did not indicate a frequency of administration or strength. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Theramine #120 (prescribed 08/05/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Updated 07/10/14), Theramine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.businesswire.com/news/home/20121023005510/en/Medical-Food-Theramine%20AE-Safer-Costly-NSAIDS-Pain#.VEIHTHC-plk>

**Decision rationale:** Theramine is a specialized formula that consists of: choline bitartrate, L-arginine, L-histidine HCL, L-glutamine, L-serine, GABA, griffonia seed, whey protein hydrolysate, grape seed extract, cinnamon, and cocoa extract. The guidelines clearly state the any compounded medication which contains at least one medication which is not recommended renders the entire product to be not recommended. The current guidelines state they are no indication or medical uses for several of the ingredients in theramine. Choline, serine, and arginine are not indicated by current guidelines for the treatment of pain or inflammation. Additionally, a frequency of administration was not provided in the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Gabadone #60 (prescribed 08/05/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Updated 07/10/14), GABAdone

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://tmedpharma.com/docs/monographs-10-09/GABAdone\\_Monograph\\_UPDATED\\_FINAL\\_10-16%202009.pdf](http://tmedpharma.com/docs/monographs-10-09/GABAdone_Monograph_UPDATED_FINAL_10-16%202009.pdf)

**Decision rationale:** Gabadone is a specialized formula that consists of: choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. The guidelines clearly state the any compounded medication which contains at least one medication which is not recommended renders the entire product to be not recommended. The current guidelines state they are no indication or medical uses for several of the ingredients in Gabadone. Choline, and GABA are not indicated by current guidelines for the treatment of pain or inflammation. Additionally, a frequency of administration was not provided in the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**DNA test (DOS 08/05/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Updated 07/10/14), Genetic Testing for Potential Opioid Abuse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.medschool.lsuhsu.edu/genetics\\_center/louisiana/article\\_dnatesting.htm](http://www.medschool.lsuhsu.edu/genetics_center/louisiana/article_dnatesting.htm)

**Decision rationale:** The current guidelines do not recommend genetic DNA testing for patients on chronic opioid therapy. The data has not shown there is a benefit to testing in managing patients on opioid therapy. The clinical documents did not adequately justify the genetic testing outside of current guidelines. The ordering practitioner did not sufficiently discuss how the results of genetic testing would alter management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.