

<b>Case Number:</b>	CM14-0157360		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 & Rehabilitation, and Pain Management, has a subspecialty in Interventional Spine 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 59-year-old female with date of injury of December 05, 2011. The listed diagnoses per [REDACTED] from August 20, 2014 are: 1. Lumbar radiculopathy; 2. Herniated lumbar disk; 3. Pain related insomnia; 4. Myofascial syndrome; 5. Neuropathic pain; and 6. Prescription narcotic dependence. According to this report, the patient complains of low back pain that radiates down from her legs primarily on the right side. The patient reports that chiropractic care in the past gave her 30 to 40% pain relief. She rates her pain 9/10 to 10/10 and averages 9/10 to 10/10 over the preceding week. The objective findings on the May 27, 2014 report by [REDACTED] show bowstring sign and percussion referral are normal. There is tenderness of the erector spinae musculature bilaterally, midline lumbar spine, L3-S1, and right sacroiliac joint. The utilization review denied the request on September 05, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax (2mg, #30): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The treating physician is requesting Xanax. Alprazolam is a benzodiazepine. The California MTUS Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed Xanax on April 02, 2014. In this case, the long-term use of Xanax is not supported by the MTUS Guidelines. Therefore, the request is not medically necessary.

**Protonix (40mg, #30):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68, 69.

**Decision rationale:** The treating physician is requesting Protonix. The California MTUS Guidelines states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: age is greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient has been taking PPIs since March 06, 2014. The March 06, 2014 report notes a diagnosis of gastritis, from chronic NSAID use, gastric ulcers, internal hemorrhoids, and irritable bowel syndrome. In this case, the treating physician has documented gastrointestinal events, and the continued use of Protonix is reasonable. Therefore, the request is medically necessary.

**Opana (10mg, #120):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-Going Management Page(s): 88, 89, 78.

**Decision rationale:** Opana (10mg, #120)

**Tylenol #3 (#20):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

**Decision rationale:** The treating physician is requesting Tylenol #3. The California MTUS Guidelines states that acetaminophen (APAP) is recommended for treatment of chronic pain and

acute exacerbations of chronic pain. Osteoarthritis (hip, knee, and hand): Recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular, and renovascular risk factors. The records show that the patient was prescribed Tylenol on July 23, 2013. The California MTUS Guidelines, states that pain assessment and functional changes must also be noted when medications are used for chronic pain. While the California MTUS Guidelines recommends acetaminophen for the treatment of chronic and acute exacerbations of chronic pain, none of the records from July 23, 2014 to August 20, 2014 show medication efficacy as it relates to the use of Tylenol. Therefore, the request is not medically necessary.

**Theramine (#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 - Theramine

**Decision rationale:** The treating physician is requesting Theramine. The California MTUS Guidelines and ACOEM Practice Guidelines are silent with regard to this request. However, the Official Disability Guidelines states that Theramine is not recommended for the treatment of chronic pain. Theramine is a medical food from Physician Therapeutics, Los Angeles, California, that is a proprietary blend of gamma-aminobutyric acid (GABA) and choline bitartrate, L-arginine, and L-serine. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. The records show that the patient has been using Theramine since April 02, 2014. In this case, Theramine is not supported by the Official Disability Guidelines for treatment of chronic pain. Therefore, the request is not medically necessary.

**GABAdone: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

**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 - GABAdone.

**Decision rationale:** The treating physician is requesting GABAdone. The California MTUS Guidelines and ACOEM Practice Guidelines do not address this request. However, the Official Disability Guidelines under the pain chapter of GABAdone states that it is not recommended. GABAdone is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. The records show that the patient was prescribed GABAdone on May 05, 2014 for insomnia. In this case, the

Official Disability Guidelines do not recommend GABA done. Therefore, the request is not medically necessary.

**Vitamin B-12 (intramuscular injection): 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 AETNA Guidelines on Vitamin B-12 Therapy.

**Decision rationale:** The treating physician is requesting a Vitamin B-12 injection. The California MTUS Guidelines, ACOEM Practice Guidelines, and the Official Disability Guidelines do not address this request. However, AETNA Guidelines on vitamin B-12 therapy states that vitamin B-12 injections are medically necessary only for members with current or previously documented B-12 deficiency in any of the following diagnoses and conditions: (1) Anemia; (2) Gastrointestinal disorders; (3) Neuropathy, etc. Administration of vitamin B-12 injections for more than 2 to 3 months is subject to review to ascertain if deficiency/abnormalities have improved and to decide whether continued treatment is medically necessary. The records show that the patient received a vitamin B-12 intramuscular injection on April 23, 2014. The treating physician does not discuss why the patient requires vitamin B-12. None of the records shows any of the listed criteria required by AETNA for vitamin B-12 therapy. Given that the patient does not meet the criteria given by AETNA for continued vitamin B-12 therapy, the request is not medically necessary.

**Toradol (60mg, intramuscular injection): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

**Decision rationale:** The treating physician is requesting a Toradol intramuscular injection. The California MTUS Guidelines states that this medication is not indicated for minor or chronic painful conditions. The records show that the patient received a Toradol intramuscular injection on June 18, 2014. In this case, the California MTUS Guidelines do not support Toradol for minor or chronic painful conditions. Therefore, the request is not medically necessary.

**Compounded Medication consisting of Lidocaine, Gabapentin, Menthol, Capsaicin, Camphor: Upheld**

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

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

**Decision rationale:** The treating physician is requesting a compound cream lidocaine, gabapentin, menthol, capsaicin, camphor. The California MTUS Guidelines state that topical medications are largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The records show that the patient was prescribed this compound cream on May 05, 2013. In this case, gabapentin is currently not recommended in topical formulation. Therefore, the request is not medically necessary.