

Case Number:	CM14-0170449		
Date Assigned:	10/20/2014	Date of Injury:	02/05/2013
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/05/13 when he was involved in a rear end motor vehicle accident. He continues to be treated for neck, back, and bilateral shoulder pain. The claimant has not returned to work since March 2013. He was seen on 06/02/14. He was having constant neck pain radiating into the upper extremities with numbness and tingling, mid and low back pain, and constant bilateral shoulder pain. Pain was rated at 6-8/10. Physical examination findings included decreased cervical and lumbar spine range of motion. There were cervical and lumbar spine muscle spasms. Shoulder range of motion was decreased with positive impingement testing. Medications were prescribed. Urine drug screening was performed. On 07/02/14 he was having ongoing symptoms. Pain was rated at 8-9 without medications and 4/10 with medications. Topical medications are referenced as decreasing pain with improved sleep and increased walking and sitting tolerances. Physical examination findings also included positive straight leg raising and Kemp's test with decreased lower extremity sensation. Authorization for a TENS unit and cervical epidural steroid injection were requested. Medications were refilled. Naprosyn was prescribed

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (Fluri) (Nap) Cream - LA 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60 111-113.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for neck, back, and bilateral shoulder pain. Fluri (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and Amitriptyline. Many agents are compounded as monotherapy or in combination for pain control, opioids antidepressants, Glutamate receptor antagonists, -adrenergic receptor agonists, Adenosine, Cannabinoids, Cholinergic receptor agonists, agonists, prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical Diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary

Genicin #90 Caps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: Glucosamine Sulfate alone (without Chondroitin Sulfate) is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of Glucosamine Sulfate 500 mg. In this case, the claimant does not have a diagnosis of osteoarthritis. Therefore, the requested Genicin was not medically necessary

Menthoderm Gel 240ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105. Decision based on Non-MTUS Citation Drugs.com: Menthoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for neck, back, and bilateral shoulder pain. Mentherm gel is a combination of Methyl Salicylate and Menthol. Menthol and Methyl Salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant has neck, back, and bilateral shoulder pain and has only responded partially to other conservative treatments. Therefore, Mentherm was medically necessary.

Theramine #90: 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, Medical Foods

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

Decision rationale: Theramine is a medical food from that is a proprietary blend of gamma-aminobutyric acid [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. Guidelines recommend against its use. Theramine #90 is not medically necessary

Sentra AM #60: 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, Medical Foods

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

Decision rationale: Sentra AM is a medical food intended for use in the management of fatigue, memory disorders and vascular dementia. It is a proprietary blend of Choline Bitartrate, Glutamic Acid, and Carnitine. Guidelines indicate that there is no known medical need for Choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side

effects of high-dose choline include hypotension, acute GI distress, and side effects such as sweating and diarrhea. Therefore, Sentra AM was not medically necessary

Sentra PM #60: 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, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Sentra PM(2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of Choline Bitartrate, Glutamate, and 5-Hydroxytryptophan. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, Sentra PM is not medically necessary.

Gabadone #60: 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, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) (1) Gabadone, (2) Medical Food

Decision rationale: Gabadone is a medical food 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. Guidelines recommend use of a medical food for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by a medical evaluation. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, prescribing Gabadone was not medically necessary