MAXIMUS Federal Services

Case Number:	CM14-0172225		
Date Assigned:	10/23/2014	Date of Injury:	12/06/2011
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 injured worker is a 59-year-old female with date of injury of 12/05/2011. The listed diagnoses per [redacted] from 09/17/2014 are: 1. Lumbar radiculopathy.2. Herniated lumbar disk.3. Pain related insomnia.4. Myofascial syndrome.5. Neuropathic pain.6. Prescription narcotic dependence.According to this report, the injured worker complains of low back pain and right leg pain. She states that it feels like "fluid is running down her right thigh." The injured worker still complains of burning sensation in both legs and reports difficulty lying in bed. She still experiences anxiety and was recently denied Xanax. The injured worker's pain score averages about 8/10 to 9/10 over the preceding week. The treating physician references a urine drug screen from 08/12/2014 that was positive for amitriptyline, citalopram, nicotine, and norfluoxetine. The examination from the report 06/18/2014 show flexion of the lumbar spine at 45 degrees causing radiating pain into the right hip down into the right thigh. Extension is at 5 degrees causing severe non-radiating low back pain. Right and left lateral bending is at 10 degrees and both movements cause severe non-radiating low back pain. Straight leg raise test was positive at 25 degrees on the right and 35 degrees on the left with the right causing more discomfort than the left. The injured worker has 4/5 muscle strength in the left quadriceps, hamstrings, and calf muscles. Muscle strength is 3/5 on the right in the same muscle groups. The utilization review denied the request on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Xanax 2mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines page 24 on Benzodiazepine states, "not recommended for long term use because long term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The records show that the injured worker was prescribed Xanax on 04/23/2014. Given that MTUS Guidelines do not recommend the long term use of Xanax, the request is not medically necessary.

Protonix 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI GI Symptoms and Cardiovascular Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Page(s): 68, 69.

Decision rationale: The MTUS Guidelines page 68 and 69 on NSAIDs GI symptoms and cardiovascular risks states that it is "recommended with precaution for patients at risk for gastrointestinal events; age greater than 65; history of peptic ulcers; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; high-dose multiple NSAIDs." The records show that the injured worker was prescribed Protonix on 04/23/2014. The treating physician notes on 04/23/2014 "continue Protonix 40 mg 1 a day for acid reflux and GI upset, quantity 30." In this case, the treating physician has noted gastrointestinal events and the continued use of Protonix is reasonable. The request for Protonix 40mg #30 is medically necessary.

Refill Tylenol #3 #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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: For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also required documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of

pain relief. The records show that the injured worker was prescribed T#3 as Opana is not being authorized. Review of the reports show that the treating physician does not note medication efficacy when Opana was being prescribed. There are no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. The urine drug screens from 05/21/2014 to 09/16/2014 show inconsistent results with prescribed medications. There are no discussions regarding adverse side effects. There is no discussion that the treating physician is addressing the inconsistent results. The treating physician does not provide adequate documentation of the four A's, the pain and functional changes along with opiates management while prescribing Opana. The treating physician wants to use T#3 because Opana is being denied. MTUS does not support chronic use of opiates without appropriate documentation, therefore; the request for Refill Tylenol #3 #20 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, Pain, Medical Food.

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 on TheramineÂ®

Decision rationale: The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines states, "Theramine not recommended for the treatment of chronic pain. Theramine is a medical food from [redacted] that is a proprietary blend of gamma/aminobutyric acid (GABA) and choline bitartrate, L-arginine, L-serine...until there are higher quality studies of the ingredients in Theramine, it remains not recommended." The records show that the injured worker was using Theramine on 04/23/2014. In this case, Theramine is not supported by the ODG Guidelines for treatment of chronic pain. The request for Theramine #120 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, Medical Food.

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 on Gabadone

Decision rationale: The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter of Gabadone states, "not recommended. Gabadone is a medical food from [redacted] 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 injured worker was prescribed Gabadone on 06/18/2014. According to the 06/18/2014 report, the treating physician is prescribing Gabadone at bedtime for insomnia. The injured worker states that this works very well for her. In this case, while the injured worker reports benefit from Gabadone use, ODG does not recommend Gabadone for treatment of chronic pain. The request for Gabadone is not 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: For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also required documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the injured worker was prescribed Opana on 04/23/2014. The treating physician does not note medication efficacy. There are no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. The urine drug screens from 05/21/2014 to 09/16/2014 show inconsistent results with prescribed medications. There are no discussions regarding adverse side effects. There is no discussion that the treating physician is addressing the inconsistent results. In this case, given the injured worker's inconsistent urine drug screen and a lack of discussions of the criteria required by MTUS Guidelines, the request is not medically necessary.