

Case Number:	CM14-0182504		
Date Assigned:	11/07/2014	Date of Injury:	04/15/2002
Decision Date:	12/23/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehabilitation & 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 53-year-old female with date of injury of 04/15/2002. The listed diagnoses per the treating physician from 09/30/2014 are:1. Lumbar radiculopathy.2. Chronic pain syndrome.3. Failed back syndrome.4. Chronic pain related insomnia.5. Myofascial syndrome.6. Neuropathic pain.7. Chronic pain related depression.8. Prescription narcotic dependence. According to this report, the patient complains of low back pain radiating into the bilateral legs. She states that her toes go numb at night and she is not sleeping well. The patient notes that she has not had OxyContin or Percocet. She went through withdrawals and was in severe pain. Norco took the edge off the pain. The patient's pain is 9/10 and her average pain score is 8/10. Without medication, the patient's pain is 10/10 and with medication is 8/10. The examination shows the patient's vitals are blood pressure 146/80 mmHg, pulse is 78 bpm, respiration is 16, height is 5 feet 4 inches, 172 pounds. The results from the UDS performed on 07/31/2014 show positive results for nicotine and cotinine. No other findings were noted on this report. The documents include an AME from 10/02/2009, urine drug screens from 03/31/2014 to 07/30/2014 and progress reports from 03/03/2014 to 10/23/2014. The utilization review denied the request on 10/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: 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, Page(s): 88, 89,76-78.

Decision rationale: This patient presents with low back pain radiating to the bilateral legs. The treating physician is requesting Norco 10/325 mg #180. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management 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 patient was prescribed Norco on 03/03/2014. The 06/30/2014 report shows that the patient continues to complain of low back pain radiating down both legs and feet. She states that the symptoms cause her to fall down. She rates her pain 8/10 and without medication, she rates her pain 10/10 and with medication 6/10. The 07/03/2014 report notes that the patient complains of pain in the bilateral shoulders, lower back, and bilateral legs. She states that she has not been able to fill her OxyContin and she has had to take Percocet every 6 hours instead of every 12. She has poor pain relief with this. The patient's pain without medication is at 10/10 and with medication 7/10. In this case, the treating physician does not provide specifics regarding ADLs to show significant improvement; no mention of quality of life changes and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding side effects. And the toxicology report from 07/30/2014 showed inconsistent results with prescribed medications which is not discussed by the treating physician. The request is not medically necessary.

██████████ program for 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on detoxification, Rapid Detox, Page(s): 42,102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter on detoxification.

Decision rationale: This patient presents with low back pain radiating to the bilateral legs. The treating physician is requesting ██████████ Program for 2 weeks. The search of the internet reveals that this may be a detox program. The utilization review denied the request stating, "Upon review of all available records, it does not appear negative predictors of success have been addressed. The patient continues to have levels of pain, most recently rated 10/10 without medication and 8/10 with medication. Furthermore, the urine screen of 08/05/2014 indicates findings consistent with nicotine use, and guidelines indicate smoking as a negative predictor of success." The MTUS Guidelines page 42 on detoxification states, "gradual weaning is recommended for a long term opiate users because the opioids cannot be abruptly discontinued

without probable risk of withdrawal symptoms." On page 102, MTUS does not recommend rapid detox but a gradual weaning and the data supporting the safety and effectiveness of opioid antagonist agent detoxification under sedation or general anesthesia is limited. The policy recommendation states that opioid detoxification should be part of an integrated continuum of services that promotes ongoing recovery from addiction. "ODG Guidelines also states, "The process of detoxification includes evaluation, stabilization, in preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs." The treating physician is requesting an [REDACTED] program stating, "She is a good candidate for the [REDACTED] program because of multiple failed surgery. She has been a long time user of narcotics without much relief. Therefore, the [REDACTED] program is the best option for her." The treating physician has asked for a 2-week program but there is no description of what this program entails. MTUS favors gradual, slow weaning of opiates and the treating physician does not explain why this is not possible with this patient. The request is 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), 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 Medical Food; www.ptlcentral.com.

Decision rationale: The patient presents with low back pain radiating down the bilateral legs. The treating physician is requesting SENTRA PM. Per internet search, Sentra PM are capsules by oral administration, especially formulated prescription only medical food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the altered metabolic processes of sleep disorders associated with depression (www.ptlcentral.com). Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder; 3. The product must be used under medical supervision. Sentra PM does not meet the ODG criteria for medical food. Currently, there are no guidelines discussing this product. The request is not medically necessary.

Neuro relief ointment: 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 Topical Analgesic Page(s): 111. Decision based on Non-MTUS Citation www.naturallypure.com.

Decision rationale: This patient presents with low back pain radiating to the bilateral legs. The treating physician is requesting a Neuro-Relief Ointment. Per internet research, www.naturallypure.com notes that Neuro-Relief is a specially formulated cream that transdermally delivers the essential amino acid, L-arginine, fast and efficiently to neurotic patients, achieving the desire to increase in blood flow to the extremities. The MTUS Guidelines page 111 on topical analgesic states that it is 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. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician does not explain why a Neuro-Relief ointment is needed. None of the guidelines discuss the topical formulation of L-arginine. The request is not medically necessary.