

Case Number:	CM14-0022046		
Date Assigned:	06/11/2014	Date of Injury:	10/10/2010
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopaedic Surgery 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 records presented for review indicate this 52-year-old male sustained an industrial related injury on 10/10/2010. The most recent progress note, dated 1/7/2014, indicated there were ongoing complaints of neck pain. Physical examination was illegible. MRI of the cervical spine, dated 7/21/2011, demonstrated degenerative changes from C4-C5 to C6-C7 resulting in moderate right foraminal narrowing at C4-C5, mild right and moderate left foraminal narrowing at C5-C6 and moderate central stenosis with moderate to severe right foraminal narrowing at C6-C7. Diagnoses: Cervical radiculopathy and bilateral carpal tunnel syndrome. Previous treatment included cervical epidural steroid injection on 6/18/2013 and 8/20/2013, status post right carpal tunnel release and right elbow ulnar nerve release in June 2013 and left carpal tunnel release on 12/6/2013. Previous medications included cyclobenzaprine, Theramine, Norco, Ultram ER, gabapentin, Sentra and Klonopin. A request was made for Theramine #90 and Tramadol #150 which was denied on 2/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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) Low Back, Lumbar & Thoracic (Acute & Chronic).

Decision rationale: CA MTUS/ACOEM fails to address Theramine. The ODG guidelines do not support or recommend the use of Theramine. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA and is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine and L-serine. Given the lack of clinical data and efficacy available, it is not medically necessary.

TRAMADOL 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82.

Decision rationale: CA MTUS guidelines list Tramadol (Ultram) as a 2nd line treatment for oral analgesia and/or neuropathic pain. Review, of the medical records provided, shows that the claimant has been on hydrocodone in the past; however, it does not document why this medication was discontinued and/or not used for current pain relief. Given the current guidelines and lack of clinical documentation, the request is not considered medically necessary.