

Case Number:	CM14-0024606		
Date Assigned:	06/11/2014	Date of Injury:	04/13/1993
Decision Date:	07/29/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine, 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:

This is a 42 year-old male who has reported chronic multifocal pain and mental illness after a crush injury to the left lower extremity in 1993. The current pain includes the back and both legs. Diagnoses include depression, peroneal nerve palsy, low back pain, and left leg fracture. Treatment has included several reconstructive surgeries, and multiple medications. Reports from the treating physician during 2013 show ongoing leg and back pain, no discussion of the specific results of using any medication, no discussion of specific functional status, and prescriptions for naproxen, hydrocodone, and omeprazole. Urine drug screens on 5/2/13 and 7/15/13 were negative for the prescribed hydrocodone, and the results were not addressed by the treating physician. Norco prescribing continued without change. A urine drug screen on 10/9/13 was positive for hydrocodone, oxycodone, and oxymorphone. There was no prescription for oxycodone at that time. The treating physician did not discuss this result. Per the PR2 of 1/10/14, there was low back and leg pain. There was no discussion of the results of using medications or the prior drug tests, although the drug tests results from 10/9/13 were listed. The treatment plan included Theramine "as an anti-inflammatory", Norco, and TGIce cream. The ingredients of TGIce were not mentioned or discussed. Likewise, the PR2 of 4/4/14 did not discuss TGIce or list any ingredients. On 2/18/14 Utilization Review non-certified the Theramine, Norco, and TGIce, noting the lack of indications for the "medical food", lack of specific benefit from Norco and the failed urine drug screen, and lack of indications for TGIce. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #30 #3 bottles: 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 (Chronic).

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, Medical Foods, Theramine; and Other Medical Treatment Guideline or Medical Evidence: FDA section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)).

Decision rationale: Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies on an industrial or non-industrial basis. The MTUS does not address medical foods. The Official Disability Guidelines states that Theramine is "not recommended" based on lack of medical evidence. Given the guideline recommendations and the lack of any objectively-identified dietary deficiency, Theramine is not medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The injured worker failed three drug tests in a row, none of which were addressed by the treating physician, and none of which resulted in a change in treatment plan. This kind of prescribing is clearly counter to the recommendations in the MTUS for addressing possible misuse and addiction. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population, and this injured worker fits that description. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Norco is not medically necessary based on lack of benefit from opioids to date, multiple failed urine drug screens, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

TGIce 180gm cream: 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 Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: The treating physician has neglected to provide any information about the ingredients in this topical agent. TGIce is not a standard, commercial product and is presumably a custom compounded item. Given that that a limitless number of ingredients could be compounded into this cream, and that the treating physician did not provide any information about the ingredients, it is not possible to determine that the cream is medically necessary. As noted in the MTUS citation above, topical agents are largely experimental, and are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of neuropathic pain in the treating physician reports or exactly what is treated and with what ingredients. Since the treating physician has not provided the ingredients and has not provided information to meet the recommendations of the MTUS, this topical compound is not medically necessary.