

Case Number:	CM14-0038356		
Date Assigned:	06/25/2014	Date of Injury:	01/15/1997
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 and is licensed to practice in Nevada. 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 that this 48-year-old female was reportedly injured on January 15, 1997. The mechanism of injury was noted as taking products on and off of shelves. The most recent progress note, dated August 28, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait with use of a cane favoring the left side. There were decreased lumbar spine range of motion and tenderness over the midline of the spine as well as the lumbar paraspinal muscles. Trigger points were identified. There was a positive bilateral straight leg test. Slightly decreased muscle strength was noted bilaterally in the quadriceps, hamstrings, and calves at 4/5. There was normal lower extremity sensation and reflexes. Enrollment in a comprehensive NESP-R program was recommended. It was recommended that the injured employee continue until Dilaudid, Medrox patches, Celebrex, Fioricet, Ambien, and Cidaflex. Diagnostic imaging studies were not commented on. Previous treatment included three lumbar spine surgeries and the use of a TENS unit. A request had been made for a urine drug screen, Trepadone, and Theramine and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Drug testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, this request for a Urine Drug Screen is not medically necessary.

Trepadone 2 p.o. b.i.d (twice a day) #20 for joint health: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food, updated July 10, 2014.

Decision rationale: Trepadone is a medical food consisting of amino acids in tuna oil. According to the official disability guidelines, there is no known benefit of amino acids as a medical prescription and the use is not supported. This request for Trepadone is not medically necessary.

Theramine 2 p.o. b.i.d (twice a day) #120 for neuropathic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food, updated July 10, 2014.

Decision rationale: Theramine is a medical food designed to influence neurotransmitters and consists of various amino acids, GABA, choline, and other ingredients. According to the official disability guidelines, there was no known medical need for a choline supplement. Amino acids are not known to have any indication for treatment, and GABA is only a supplement recommended for epilepsy, spasticity, and tardive dyskinesia. Considering this, the request for Theramine is not medically necessary.