

Case Number:	CM14-0039168		
Date Assigned:	08/06/2014	Date of Injury:	11/04/2010
Decision Date:	09/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Medicine & Rehabilitation 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 male who reported an injury on 11/04/2010. The mechanism of injury was not provided. On 05/08/2014, the injured worker presented with complaints of pain to the right side of the neck, right hip, and low back. Upon examination, the injured worker had a urine drug screen result performed on 03/20/2014 which was positive for Amitriptyline/Nortriptyline. The blood pressure was 140/100 with a pulse of 100, respirations of 12, height of 6 feet 1 inches, weight of 253 pounds with the temperature 98.5, a BMI of 33.4 and 29.2% fat. The diagnoses were lumbar radiculopathy, neck pain, cervical radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. The provider recommended Theramine, Trepadone, OrthoStim unit supplies, Anaprox, Lidoderm patch, and Toradol IM injection, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chapter Medical Foods.

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.

Decision rationale: The Official Disability Guidelines state that medical food is recommended when it is formulated to be consumed for administered anteriorly under the supervision of a physician or intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. Ongoing documentation, that the injured worker has a specific dietary need for management of a disease or condition. Additionally, the medical food must be formulated to be consumed or administered under the supervision of a physician. As such, the request is not medically necessary.

Trepadone #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 Chapter Medical Foods.

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.

Decision rationale: The Official Disability Guidelines state that medical food is recommended when it is formulated to be consumed for administered anteriorly under the supervision of a physician or intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. Ongoing documentation, that the injured worker has a specific dietary need for management of a disease or condition. Additionally, the medical food must be formulated to be consumed or administered under the supervision of a physician. As such, the request is not medically necessary.

Supplies for Orthostim4 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The California MTUS Guidelines do not recommend a stim. current unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled by medications, medication intolerance, and history of substance abuse, significant pain from postoperative conditions which limit the ability to perform exercise programs/physical therapy treatment or unresponsiveness to conservative

measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise program/physical therapy treatment. As an Ortho Stimulation unit would not be warranted, supplies for OrthoStim4 unit would not be medically necessary.

Anaprox DS 550mg #90 refill X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip in injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. There is lack of a complete and adequate pain assessment for the injured worker. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Lidoderm patch 5% #60 refills X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical ANalgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The California MTUS topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. This is not a first line treatment and it is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is lack of evidence of failed trial of a first line treatment. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendation for Lidoderm patch. The provider does not indicate the site that the patch is indicated for or the frequency of the patches in the request as submitted. As such, the request is not medically necessary.

Toradol 60mg IM Injection administered 3/7/14 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior and side effects. Additionally, the provider's rationale for an IM injection in place of taking traditional tablet medications was not provided. As such, the request is not medically necessary.