

Case Number:	CM14-0039608		
Date Assigned:	06/27/2014	Date of Injury:	11/01/1995
Decision Date:	08/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 injured worker is a 61-year-old female who was reportedly injured on 11, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 20, 2014, indicated that there were ongoing complaints of left shoulder pain, bilateral wrist pain, and no new complaints. The pain scores were to be 4/10. The physical examination demonstrated a 5'3", 189 pound individual who was normotensive. No specific physical examination findings are reported. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy, medical foods, and pain control measures. A request was made for additional physical therapy and gabadone and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints, and the physical examination, there was insufficient clinical information presented to support the request for additional physical therapy. When noting the medication profile being pursued, there was no clear clinical indication presented why a home exercise protocol would not be sufficient to address the current needs. Therefore, based on the clinical information presented for review, this request is not medically necessary.

1 PRESCRIPTION OF GABADONE #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, PAIN (ACUTE AND 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 updated July, 2014.

Decision rationale: As noted in the pain chapter of the Official Disability Guidelines, this medical food is "not recommended." This is a combination of choline bitartrate, glutamic acid, hydrotryptophan and gabapentin. It is intended to address sleep requirements and anxiety disorders. However, there were no competent evidence-based medicine citations presented (or discovered in a cursory literature search) to support this preparation.

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 (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This medical food is noted to be not recommended by the American College of Occupational and Environmental Medicine guidelines and others. This is a proprietary blend of several chemicals, and there are no high quality, peer-reviewed, evidence-based medicine studies or literature citations to suggest that this preparation has any efficacy, utility, or its use in this clinical intent. Specifically, "there is no known medical need for choline supplementation." Accordingly, this preparation would not be medically necessary.

TRAPADONE # 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.

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, updated Jul, 2014.

Decision rationale: As noted in the Official Disability Guidelines (pain chapter), it is a medical food that is a proprietary blend of L-arginine, L- glutamine, choline bitartrate, L-serine and gabapentin. The intended uses are for joint disorders associated with pain and inflammation. However, after reviewing the citations in the Official Disability Guidelines, and a cursory literature search, there is no competent, objective and independently confirmable medical evidence to support that this preparation has any efficacy or utility in the treatment of such disorders.

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, MISUSE/ABUSE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 78, chapter 4 criteria for use of opioids.

Decision rationale: The use of such drug screening is indicated for those who are on chronic opioid analgesics, with evidence of drug diversion, intoxication, system abuse, illicit drug use. Based on the progress notes presented for review, a note of these maladies was noted to be present. In essence, there was no clinical indication for a repeat your drug screen based on the information presented for review. It was noted that a recent invention was done, and the findings were consistent with the prescription's supply. The medical necessity has not been established.