

Case Number:	CM14-0045246		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2000
Decision Date:	09/09/2014	UR Denial Date:	03/12/2014
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 61 year old female was reportedly injured on November 1, 2000. The mechanism of injury is undisclosed. The most recent progress note, dated February 12, 2014, indicated that there were ongoing complaints of right hip and right lower extremity pain as well as low back pain. The physical examination demonstrated a 5'3, 190 pound individual in some distress. Diagnostic imaging studies were not reviewed. Previous treatment included emergency room visit, multiple medications, physical therapy, pain management interventions and surgical interventions. A request was made for urine drug screen and the medical food Theramine and was not certified in the pre authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing.

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

Decision rationale: The progress note indicated a possible drug diversion situation. It was noted that the injured employee has visited an emergency room for pain complaints, and no particular pathology was noted, and medications were distributed. This individual took multiple narcotic medications and other preparations to address the pain complaints. Given the concern of the treating provider, that there may be additional drug diversion/ drug seeking behaviors (emergency room visit,) a urine drug screening would be consistent with the parameters noted in the MTUS. Therefore, this request is medically necessary.

Prescription of Theramine, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 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(updated July 2014).

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address), this medical food was not recommended. This is a Los Angeles based proprietary blend of several ingredients and is nothing more than a medical food, which has not been supported with any high quality studies to indicate the efficacy or utility of such a preparation. Therefore medical necessity has not been established.

Prescription of Opana 40mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

Decision rationale: This medication (40 milligrams twice daily) has a morphine equivalent dosag (MED) of 240. It was also noted that additional medications were being prescribed. The progress notes did not demonstrate any efficacy, decrease in pain, increase in functionality or ability to return to work.Final Determination Letter for IMR Case Number CM14-0045246 4The pain symptoms were reported to be 10/10 level without medication and 7/10 with medications. This is a more improvement and does not appear that this medication is addressing the clinical situation. Furthermore, there was no noted narcotic agreement or urine drug screening data. As such, the parameters noted for chronic pain medications as outlined in the Medical Treatment Utilization Schedule (MTUS) are not met, and the medical necessity for this medication has not been established.this medication has not been established.

NESP- R program consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 , 79.

Decision rationale: This specific protocol is not addressed in the MTUS, ACOEM or ODG. However, detoxification protocols are identified in the Chronic Pain Medical Treatment Guidelines, Medical Treatment Utilization Schedule (MTUS). The difficulty is that the protocol being requested is a proprietary endeavor noted by the requesting provider. A literature search was unable to discover any appropriate clinical data to support this protocol. Therefore, the medical necessity has not been established.

Unknown prescription of gabadone: Upheld

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

Decision rationale: As outlined in the ODG (MTUS and ACOEM guidelines do not address), this request is not medically recommended. This is a medical food type product that is a blend of choline bitartrate but a medical acid and gamma aminobutyric acid gaba. The nutritional requirements have not been established as being able to deal with sleep issues. As such, without the benefit of any evidence based medicine, peer reviewed clinical articles, there is no medical necessity for this medical food established via the progress notes reviewed. Therefore, this request is not medically necessary.