

<b>Case Number:</b>	CM14-0045399		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 05/16/2009 after a motor vehicle accident with subsequent explosion. The injured worker sustained burn injuries over 70% to 90% of his body surface. The injured worker's diagnoses included chronic pain syndrome, prescription narcotic dependence, chronic pain related insomnia, chronic pain related anxiety, and chronic pain related depression. The injured worker was evaluated on 03/06/2014. It was documented that injured worker had 10/10 pain without medications that was reduced to a 4/10 pain with medications. It was noted that the injured worker's previous urine drug screen was positive for pregabalin and oxymorphone and negative for clonazepam. The injured worker's treatment included medications such as GABAdone, Theramine, Trepadone, MS Contin, Tylenol No. 4, Lyrica, Pennsaid topical ointment. The request for a refill of medications was recommended.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for aberrant behavior or when the injured worker exhibits signs and symptoms consistent with illicit drug use. The clinical documentation submitted for review does indicate that the injured worker previously underwent a urine drug screen 1 month prior to the current examination. There was no justification provided for an additional urine drug screen. The clinical documentation does not reflect that the injured worker had any signs or symptoms of overuse or withdrawal to support the need for an additional urine drug screen. As such, the requested urine drug screen is not medically necessary or appropriate.

**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 (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 Food.

**Decision rationale:** The requested Gabadone #60 is not medically necessary or appropriate. The requested medication is considered a medical food. California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there is a specific dietary deficit that requires management with distinctive nutritional components. The clinical documentation fails to provide any evidence that the patient has specific dietary deficits that require distinctive nutritional components. As such, the requested Gabadone #60 is not medically necessary or appropriate.

**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 (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 Food.

**Decision rationale:** The requested Theramine #120 is not medically necessary or appropriate. The requested medication is considered a medical food. California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there is a specific dietary deficit that requires management with distinctive nutritional components. The clinical documentation fails to provide any evidence that the patient has specific dietary deficits that require distinctive nutritional components. As such, the requested Theramine #120 is not medically necessary or appropriate.

**MS Contin 60mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The requested MS Contin 60 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit resulting from medication usage. The clinical documentation does support that the injured worker is monitored for aberrant behavior with urine drug screens and does have a reduction in pain resulting from medication usage. However, without the functional benefit component, continued use cannot be supported. As such, the request MS Contin 60 mg #90 is not medically necessary or appropriate.

**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 (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 , Medical Food.

**Decision rationale:** The requested Trepadone #120 is not medically necessary or appropriate. The requested medication is considered a medical food. California Medical Treatment Utilization Schedule does not address medical food. Official Disability Guidelines do not support the use of medical food unless there is a specific dietary deficit that requires management with distinctive nutritional components. The clinical documentation fails to provide any evidence that the patient has specific dietary deficits that require distinctive nutritional components. Furthermore, the request as it is submitted does not clearly identify a dosage or frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Trepadone #120 is not medically necessary or appropriate.