MAXIMUS Federal Services

Case Number:	CM14-0047265		
Date Assigned:	07/02/2014	Date of Injury:	11/01/1995
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 manager for a community service agency who sustained injuries on 11/1/95 and 8/31/04. The initial injury involves falling out of a motor vehicle and a second injury is reported secondary to repetitive strain with discomfort in the neck and upper extremities. Her current diagnoses related to these injuries include left shoulder strain, left shoulder rotator cuff tear, chronic bilateral shoulder pain, and pain in the left upper extremity, neuralgia, lumbar radiculopathy with chronic low back pain, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, pain related depression and tension headaches. Treatment has included multiple modalities including chiropractic care epidural steroid injections and multiple surgical procedures. The medical records indicate that she has been undergoing urine drug testing for number of years with no documentation of abnormal results and no evidence for use of illicit drugs. The primary treating physician has requested treatment with Gabadone, Theramine, Trepadone and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for 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 & 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 (chronic), Medical Food, Gabadone.

Decision rationale: The use of this medication is not discussed in the MTUS guidelines. The Official Disability Guidelines (ODG) state that it is not recommended. Gabadone is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. In the Medical Food section the ODG notes; Choline, where it says: "There is no known medical need for choline supplementation; Gamma-aminobutyric acid (GABA)," and, "There is no high quality peer-reviewed literature that suggests that GABA is indicated." The request for 1 prescription for Gabadone #60 is not medically necessary.

1 prescription of 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 (ODG) , Pain (acute & 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 (chronic), Medical Food, Theramine.

Decision rationale: The use of this medication is not discussed in the MTUS guidelines. The Official Disability Guidelines (ODG) state that it is not recommended. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. In the Medical Food section the ODG notes; Gamma-aminobutyric acid (GABA), where it says: "There is no high quality peer-reviewed literature that suggests that GABA is indicated;" Choline, where it says, "There is no known medical need for choline supplementation" L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation" L-Serine, where it says, "There is no indication for the use of this product. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended." The request for 1 prescription of Theramine #120 is not medically necessary.

1 Prescription of 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 (ODG), Pain (acute & 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 (chronic), Medical Food, Trepadone.

Decision rationale: The use of this medication is not discussed in the MTUS guidelines. The Official Disability Guidelines (ODG) state that Trepadone is a medical food from [redacted], that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gamma-aminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. In the Medical Food section the ODG notes; L-Arginine, where it says: "This medication is not indicated in current references for pain or inflammation." Gamma-aminobutyric acid (GABA): where it says: "There is no high quality peer-reviewed literature that suggests that GABA is indicated." There is no indication in Micromedex, Clinical Pharmacology, or AltMedDex® for the use of this supplement. The request for 1 prescription of Trepadone # 120 is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) Pages 10, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43, 78.

Decision rationale: The MTUS Guidelines discusses urine drug screening in the chronic pain medical treatment guideline. It is recommended as an option to assess for use or prevalence of illegal drugs. It also recommends use of urine drug screening when there are issues of abuse, addiction or poor pain control. The medical records do confirm the long-term use of opioid pain medications and urine drug testing has been performed appropriately within the guidelines. In this case there are no issues of drug abuse or use of illegal drugs. Ongoing drug testing in this patient is not medically necessary.