

Case Number:	CM14-0048099		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2012
Decision Date:	08/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 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:

This 43-year-old patient had a date of injury on 5/15/2012. The mechanism of injury was. In a progress noted dated 3/11/2014, the subjective findings include pain in neck, mid back, right arm. The daily activity has been limited by pain; lifting, walking, and standing aggravate the pain. The medication does not cause any adverse side effects. On a physical exam dated 3/11/2014, objective findings include hypersensitivity to touch in right arm, limited range of motion in lumbar spine. Diagnostic impression shows RSD (Reflex sympathetic dystrophy) right upper extremity, thoracic/lumbosacral neuritis, cervicgia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 3/17/2014 denied the request for Terocin 120ml with 1 refill, stating there are no evidence of benefits of capsaicin and that it is only an option with patients unresponsive to other treatments. Tramadol 50mg #120 was denied, stating there are no long term studies to allow this medication for longer than 3 months. Theramine #90 was denied, stating that ODG reference does not recommend Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Tablets 50mg #120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress report dated 2/27/2014, the patient opioid regimen includes Percocet 10/325 and Tramadol. However, there was no documented functional improvement noted from the patient's opioid regimen to justify the use of both Percocet and Tramadol. Therefore, the request for Tramadol 50mg #120 is not medically necessary.

Theramine capsules #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Theramine.

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: CA MTUS does not address this issue. ODG states that Theramine is not recommended. Theramine is a medical food from [REDACTED], that is a proprietary blend of Gamma-Amino Butyric 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. However, there is no high quality peer-reviewed literature that suggests that GABA is indicated; there is no known medical need for choline supplementation; L-Arginine is not indicated in current references for pain or inflammation; L-Serine is not indicated. In a manufacturer study comparing Theramine to naproxen, Theramine appeared to be effective in relieving back pain without causing any significant side effects. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. In a progress report dated 2/27/2014, the physician requested Theramine to decrease the dose of Percocet 10/325. However, there is no discussion provided as to how Theramine would help the patient in decreasing the Percocet dose. Therefore, the request for Theramine #90 was not medically necessary.

Terocin 120ml with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including Lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Terocin #120 with 1 refill was not medically necessary.