

Case Number:	CM14-0062427		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2012
Decision Date:	09/18/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 64 year old female was reportedly injured on March 30, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of bilateral wrist pain. Pain was stated to be 9/10 without medications and 5/10 with medications. No focused physical examination was performed. Diagnostic imaging studies of the left wrist note a previous fusion as well as osteoarthritic changes of the left first carpal metacarpal joint. Previous treatment includes a left carpal fusion. A request was made for Gabadone, Trepadone, Theramine, and Flector patches and was not certified in the preauthorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone two tablets PO QHS, #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 Chapter.

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, Updated July 10, 2014.

Decision rationale: Gabadone is a medical food which includes Gamma aminobutyric acid (GABA). According to the Official Disability Guidelines there is no indication for this medication in the treatment of musculoskeletal disorders. Therefore this request for Gabadone is not medically necessary.

Treadone #120 two tablets PO BID: 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 Medical Food.

Decision rationale: Treadone is a medical food which contains nitric oxide, gamma aminobutyric acid (GABA), serotonin, and a brain histamine. According to the official disability guidelines there is no indication for this medication in the treatment of musculoskeletal disorders. Therefore this request for Treadone is not medically necessary.

Theramine #120 two tablets PO BID: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Medical Food.

Decision rationale: Theramine is a medical food which contains choline, Gamma aminobutyric acid (GABA), and amino acids. According to the Official Disability Guidelines there is no indication for this medication in the treatment of musculoskeletal disorders. Therefore this request for Theramine is not medically necessary.

Flector Patch 1.3%, #60 Apply Topically Twice a Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The California Medical Treatment Utilization (MTUS) guidelines support topical nonsteroidal antiinflammatory drugs (NSAIDs) for the short term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral NSAIDs. The guidelines support four to twelve weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request for Flector patches is not medically necessary.

