

Case Number:	CM14-0066396		
Date Assigned:	08/06/2014	Date of Injury:	06/20/1996
Decision Date:	09/18/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 62 year old male who was injured at work on 06/20/1996. He was lifting a 200-300 pound rebar off the ground when he developed severe low back pain that made him fall on his knees. He was made to do MRI, and treated with physical therapy, injections, and medications. This was followed by repeated MRI, and back surgery and physical therapy by a different doctor, but found no relief. The injured worker has been diagnosed of Lumbar radiculopathy; Chronic pain syndrome; Chronic pain related Insomnia; Myofascial Syndrome; Neuropathic pain. The injured worker complains of low back pain that radiates to both legs. The pain is about 5/10 with medications but 10/10 without medications. He is unable to have surgery because of generalized psoriasis affecting about 80% of his body. The doctor has requested for authorization for the renewal of the workers medications, but these are in dispute. The disputed medications are Oxycontin 40mg (Unspecified Quantity); Trepadone #120; Theramine #120; Gabadone (Unspecified Quantity); Norco 10/325mg #180; Gabapentin 600 mg #31; Elavil 25 mg #31.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg (Unspecified Quantity): Upheld

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

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

Decision rationale: The MTUS states that OxyContin tablets are controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, opioid is needed for an extended period of time. Therefore, OxyContin tablets are not intended for use as a pain analgesic. Additionally, the dose varies for different individuals based on their past experience with the drug and medical conditions. In opioid, naive patients the starting dose is 10mg every 12 hours. The injured worker has been taking this medication without documented evidence of improvement in function and less need for the medications. This is one of the criteria for discontinuing opioids. Furthermore, there is no specification as to the quantity requested. Therefore, this request is not medically necessary and 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 (ODG), Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic Pain (Summary of Medical Evidence)).

Decision rationale: There are not enough scientific data validating the benefits of medical food. Trepadone is a medical food from [REDACTED] that contains L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. The ODG states that medical foods are formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, this medication is not medically necessary and 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 (ODG), Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain (Summary of Medical Evidence).

Decision rationale: The ODG recommends against Theramine due lacking of high quality peer-reviewed literature that suggests that GABA is indicated; besides the ODG says the following for the other components: there is no known medical need for choline, or L-Arginine, the other constituents. Therefore, this request is not medically necessary.

Gabadone (Unspecified Quantity): 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), Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic Pain (Summary of Medical Evidence)).

Decision rationale: Gabadone is a medical food containing: Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. Each of these chemicals is used to treat the following: choline deficiency secondary to liver deficiency; hypochlohydria and achlorhydria; possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders epilepsy, spasticity and tardive dyskinesia. It is obvious the injured worker does not suffer from any of the above listed conditions. Therefore, the drug is not medically necessary.

Norco 10/325mg #180: Upheld

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

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

Decision rationale: This request is open ended: the injured worker was not given a limit on how many times he could take it in a day. Consequently, the worker could be using more than the maximum 120mg Morphine equivalents of Opioids the MTUS recommends in a day. Besides, given that the injured worker has been using opioids for a long while and the only benefit he has derived from it is improvement in pain, but no documented functional improvement, or less need to use opioids means there is need to reevaluate the worker and wean him off opioids. The MTUS recommends discontinuing opioids if there is no overall improvement in function. Therefore, this request is not medically necessary.

Gabapentin 600 mg #31: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepileptics) Page(s): 16-22.

Decision rationale: The anticonvulsants are indicated for the treatment of neuropathy. The MTUS recommends documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use; the continued use of antiepileptic drugs

depends on improved outcomes versus tolerability of adverse effects. Therefore, there is a need to discontinue this drug as there is no evidence of improved function. Therefore, this request is not medically necessary.

Elavil 25 mg #31: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The antidepressants are regarded as first line drugs in the treatment of chronic pain. Though the injured worker no documented evidence of depression, the drug is not being used for depression in this instance. It is being used for a different recognized indication, which in this case is chronic pain. The MTUS says as follows for the antidepressants, "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain". Elavil(Amitriptyline), is a Tricyclic antidepressant. The MTUS states, "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Therefore, this request is medically necessary.