

Case Number:	CM14-0069794		
Date Assigned:	07/14/2014	Date of Injury:	12/24/2007
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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:

The injured worker is a 48-year-old female who has submitted a claim for carpal tunnel syndrome, enthesopathy of wrist and carpus, and ganglion of tendon sheath associated with an industrial injury date of 12/24/2007. Medical records from 04/01/2013 to 05/09/2014 were reviewed and showed that patient complained of bilateral wrist and hand pain graded 7/10, right greater than left. The pain was aggravated by lifting, cold weather, and normal household chores. Physical examination revealed a ganglion cyst at the base of the right thumb which was tender to palpation. Grip strength was 5/5 bilaterally. Tinel's and Phalen's tests were positive bilaterally. Treatment to date has included bilateral carpal tunnel surgeries (2011), scapholunate and lunotriquetral surgeries (2004), trigger finger surgeries (2004 and 2007), activity modifications, Norco 10/325mg #140 2 tabs QID since 07/30/2013, Theramine #180 1 tab BID since 04/09/2014, Zohydro ER 30mg #56 4 tabs since 04/09/2014, and Hyrdocodone-Acetaminophen 10/325mg since 08/07/2013. Utilization review dated 04/18/2014 denied the request for Norco 10/325mg #140 and Zohydro ER 30 mg #56 because the long-term use of opioids was not supported by the guidelines. Utilization review dated 04/18/2014 denied the request for Theramine #180 because this particular item was not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #140 x1: 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 Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the injured worker was prescribed Norco 10/325mg #140 2 tabs QID since 07/30/2013. There was no documentation of consistent pain relief or functional improvement, which are both required to support continuation of opiates use. There was no clear indication for continuation of Norco based on the medical records provided. Therefore, the request for Norco 10/325mg, #140 x1 is not medically necessary.

Theramine #180 x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Theramine.

Decision rationale: The CA MTUS does not address the topic on Theramine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that Theramine is not recommended. 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 and L-Serine are not indicated in current references for pain or inflammation. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. In this case, the injured worker was prescribed Theramine #180 1 tab BID since 04/09/2014. There was no documentation of positive response to the food product requested. Moreover, the guidelines do not recommend the use of Theramine. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Theramine #180 x1 is not medically necessary.

Zohydro ER 30mg, #56 x1: 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 Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the injured worker was prescribed Zohydro ER 30mg #56 4 tabs since 04/09/2014. There was no documentation of pain relief or functional improvement, which are both required to support continuation of opiates use. There was no clear indication for continuation of Zohydro based on the medical records provided. Therefore, the request for Zohydro ER 30mg, #56 x1 is not medically necessary.