

<b>Case Number:</b>	CM14-0072748		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 60-year-old male with a date of injury of 01/20/2010. The listed diagnoses by [REDACTED] are: 1.Lumbar spondylosis with right-sided greater than left. 2.Lumbar facet pain. 3.Right hip joint and impingement with Cam deformity. According to progress report 04/29/2014, the patient presents with right hip joint, low back, and left knee pain. The patient's primary concern is his left low back pain, which "does not radiate down the lower extremities." He does reflect on to the right groin and upper thigh. Examination of the lower back revealed lumbar flexion 60 degrees and extension 10 degrees. Facet joint provocation was very strongly positive on the right and moderately positive on the left. He has severe tenderness overlying the lumbar facets, right side L4-L5 and L5-S1, and mild-to-moderate tenderness overlying the left L5-S1 facet joint. X-ray was taken on this date, which revealed moderate hypertrophy, bilateral L3-L4, L4-L5 and L5-S1 facet joints. There is grade 1 anterolisthesis of L4 and L5 in the neutral and flexion positions. Treater states, "This clearly implies that there is mild segmental instability at L4-L5 level," which explains why the L4-L5 facet joints have also hypertrophied. Given objective findings are consistent with non-radicular low back pain secondary to the spondylolisthesis at L4-L5, the treater requests diagnostic facet injections to the right L4-L5 and L5-S1, and left injections to levels L3-L4 and L4-L5 under fluoroscopic guidance. He is also requesting refill of medications: cyclobenzaprine 7.5 mg #60, Trepadone #90, and Theramine #90. Utilization review denied the request on 05/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic facet Injection: right L4-5,L5-S1, left L3-4,L4-5 under fluoroscopic:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines Low Back Chapter, facet joint diagnostic block (injections) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient presents with left low back pain, which "does not radiate down the lower extremities." The treater requests diagnostic facet injections to the right L4-L5 and L5-S1, and left injections to levels L3-L4 and L4-L5 under fluoroscopic guidance. Utilization review denied the request stating there is some suggestion of facet-mediated pain, but the patient is pending an MRI and the results may obviate the need for medial branch blocks. ACOEM Guidelines page 300 and 301 states, "Lumbar facet neurotomies reportedly produce mixed results." For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of its procedure and approval of treatment should be made on a case-by-case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no radicular symptoms, and normal sensory examination are required. In this case, the patient presents with low back pain that does not radiate to the lower extremities. The treater reports facet pain with positive exam findings. The request for bilateral two level facet evaluation appear reasonable. Recommendation is for authorization.

**Cyclobenzaprine 7.5mg tid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The patient presents with low back pain that does not radiate down to the lower extremity. The treater is requesting cyclobenzaprine 7.5 mg #60. The medical file provided for review includes 1 progress report. It is unclear if this medication is an initial prescription or a request for refill. MTUS page 60 states cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In any case, the treater has prescribed cyclobenzaprine #60. MTUS does not allow muscle relaxants for long term use, therefore, recommendation is for denial.

**Trepadone tid #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with low back pain that does not radiate to the lower extremities. The treater is requesting Trepadone #90 to be taken 3 times a day for the right hip pain. ODG has the following under its pain section, "Trepadone is a medical food from [REDACTED], that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. See Medical food, L-Arginine, Glutamic Acid, Choline, L-Serine, and Gamma-aminobutyric acid (GABA). MTUS also states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, L-serine an ingredient in trepadone is supported by ODG. Furthermore, for Gamma-aminobutyric acid (GABA) "This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." This patient does not meet the indications for this medication. Furthermore, the treater does not provide a rationale as to why this medication is being prescribed. Recommendation is for denial.

**Theramine tid #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with low back pain that does not radiate to the lower extremities. The treater is requesting Theramine #90 3 times a day. The treater does not provide a rationale for what this medication is being prescribed. The ACOEM and MTUS guidelines do not discuss theramine, a medical food. ODG guidelines under pain chapter, has the following regarding Theramine, "Not recommended. Theramine is a medical food from [REDACTED], 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." Theramine is not supported by ODG. Recommendation is for denial.