

Case Number:	CM14-0073021		
Date Assigned:	07/16/2014	Date of Injury:	11/01/1995
Decision Date:	09/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/7/14 PR-2 notes pain in the left shoulder and biceps, bilateral wrist pain, and low back pain. The insured has started to do some pool exercise. Pain is 7/10 to 5/10 with medications. It is 10/10 without pain medications. Medication refills were requested. There is no physical examination noted on this date. 5/20/14 PR-2 notes pain the left shoulder and bilateral wrists. Pain is better with pain medications down to a 2/10. There is no physical examination noted on this date. 4/29/14 PR-2 notes pain in the left shoulder and bilateral wrists. Pain is better with pain medications down to a 4/10. There is no physical examination noted on this date. Urine drug screening (UDS) is done with each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Keteflex Ointment #240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, topicals Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a condition for which a combination medication topical is supported. Ketoflex is a compounded cream of

Ketamine and Flexeril. Combinations topical are not supported under Official Disability Guidelines (ODG), as "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."

Prescription for Opana IR 10 Mg #120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Opioids Criteria for Use of Opioids, Therapeutic Trial of Opioids.

Decision rationale: The medical records provided for review support the insured is assessed for response of pain and has a chronic degenerative musculoskeletal pain condition that is reported to positively respond to treatment with opioid. There are no noted side effects and opioid mitigation program is in place with UDS testing.

Prescription for Treadone #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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain, Treadone, Medical Food.

Decision rationale: The medical records provided for review does not support the insured has osteoarthritis for which such supplement may be considered for treatment. The insured is reported to have degenerative joint disease related to injury. ODG guidelines report there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. 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. L-Arginine: This supplement is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. The medical records do not support the insured has any of these conditions. These agents are contained in Treadone and as such Treadone is not supported under ODG guidelines for the insured.