

Case Number:	CM14-0074102		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2008
Decision Date:	10/02/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 Emergency 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 54-year-old male who reported an injury on 09/19/2008 due to unknown mechanism of injury. The injured worker complains of back pain that radiates down the bilateral legs with numbness to the thigh. The injured worker had a diagnosis of lumbar strain, displacement of the lumbar intervertebral disc without myelopathy, lumbosacral degenerative disc disease, spasm of muscles, sacroilitis, and lumbar spinal stenosis. Past treatments included chiropractic therapy, medications, physical therapy, and steroid injections, and medial branch blocks. The physical examination dated 04/18/2014 revealed endplates with a forward hunch, the musculoskeletal exam revealed tenderness to palpation with spasms at the L3-5 paraspinous muscles, range of motion to the lumbar spine showed decreased range of motion with extension at 0 degrees and flexion at 30 degrees, plus facet compression at L3-5, and pain with palpation at L3-5 noted on the left. Deep tendon reflexes revealed decrease to the left lower extremity at the ankle and the sensory examination revealed decreased left lower extremity sensation. The medications included Butrans, Lyrica, Remeron, Nucynta, Flexeril, Sentra PM, Sentra AM, and Theramine. The injured worker reported his pain at 7/10, using the VAS. The treatment plan included to continue to go to the gym 3 to 5 times a week and go to the chiropractic, medications, and followup. The request for authorization dated 07/16/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mg every week #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (updated 4/10/14)Buprenorphine for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS recommends Butrans for the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa chronic receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). The guidelines indicate that Butrans is indicated for the treatment of opioid addiction. The clinical notes did not indicate the injured worker had a history of opioid addiction. The clinical notes indicated that the injured worker rated his pain at 7/10; however, the injured worker goes to the gym 3 times a week and also goes to get his chiropractic treatments with any flare-ups. He also is able to perform his ADLs (activities of daily living) while he takes care of his 80-year-old mother. He is able to drive. The request did not address the route of the medication. The frequency indicated 20 mg every week; however, if it is an injection, oral, or patches was unclear. As such, the request is not medically necessary.

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-Pain (updated 4/10/14)Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Medical Foods

Decision rationale: The Official Disability Guidelines recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally 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." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Per the clinical note, the injured worker did not require tube feeding or meet the criteria for a medical disorder, disease, or condition in which there are distinctive nutritional requirements. The request did not address the dosage. As such, the request is not medically necessary.

Sentra PM #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 (updated 4/10/14)Sentra PM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Medical Foods

Decision rationale: The Official Disability Guidelines indicate that Sentra PM is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The request did not address the dosage or frequency. As such, the request is not medically necessary.

Nucynta 50mg TID PRN #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-Pain (updated 4/10/14)Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate the injured worker had a history of opioid addiction. The clinical notes indicated that the injured worker rated his pain at 7/10; however, the injured worker goes to the gym 3 times a week and also goes to get his chiropractic treatments with any flare-ups. He also is able to perform his ADLs while he takes care of his 80-year-old mother. He is able to drive. The request did not address the route of the medication. The frequency indicated 20 mg every week; however, if it is an injection, oral, or patches was unclear. As such, the request is not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glutamic Acid-(AltMedDex, 2008) (Lexi-Comp, 2008)Choline-(AltMedDex, 2008) (Clinical Pharmacology, 2008)5-hydroxytryptophan-(De Benedittis), 1985) (Klarskov, 2003) (AltMedDex, 2008) (Lexi-Comp, 2008)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Medical Foods

Decision rationale: The Official Disability Guidelines indicate that Sentra PM is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, intended for use in management of sleep

disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The request did not address the dosage or frequency. As such, the request is not medically necessary.