

Case Number:	CM14-0074400		
Date Assigned:	07/16/2014	Date of Injury:	08/27/2009
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 33-year-old female was reportedly injured on August 27, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 18, 2014, indicates that there are on-going complaints of low back pain radiating to the left thigh. Pain is stated to be 7/10 without medication and 6/10 with medications. No physical examination was performed on this date. Diagnostic imaging studies a disc bulge at L3 - L4 with mild to moderate canal stenosis, a left sided paracentral disc protrusion at L4 - L5 with severe left neural foraminal narrowing and bilateral exiting nerve root compromise, and a disc bulge at L5 - S1. Previous treatment includes a lumbar epidural steroid injection. A request had been made for Nucynta, Fluriflex, and Thermine and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Pain sectionFDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Nucynta is an opioid medication indicated for the treatment of moderate to severe pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Nucynta is not medically necessary.

Fluriflex ointment 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: Regarding Fluriflex cream, the California MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

Theramine 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -NeutraceuticalsShell 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

Decision rationale: Theramine is a blend of choline bitartrae, L-Arginine, L-Histadine, L-GLutamine, L-Serine, GABA, giffonia seed, whey protein, grape seed extract, ginkgo biloba, cinnamon and cocoa. According to the Official Disability Guidelines the use of GABA is only indicated for epilepsy, spasticity, and tardive dyskinesia and the amino acids listed are only indicated for the detoxification of urine. Considering this, this request for Theramine is not medically necessary.