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| <b>Case Number:</b>   | CM14-0075260 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 11/27/2012 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 45-year-old female who has submitted a claim for cervico-brachial syndrome, thoracalgia, lumbar facet syndrome, left elbow tenosynovitis, left wrist/hand tenosynovitis, post traumatic anxiety and depression, probable post traumatic gastritis, and post traumatic headaches; associated with an industrial injury date of 11/27/2012. Medical records from 2010 to 2014 were reviewed and showed that patient complained of left head, left posterior neck, left shoulder, left elbow, right lower back, left elbow, and left wrist pain. Physical examination showed tenderness in the spinous process region at C4-C7, T1-T3 and L4-S1, and left radial devialis. Trigger points were noted in the bilateral trapezius. Range of motion of the cervical spine, lumbar spine, left shoulder, and left wrist was decreased. Cozen's test was positive on the left elbow. DTRs were normal. Motor testing showed weakness of the left upper extremity. Sensation was decreased in the C5 to T2 dermatomal distributions. Treatment to date has included medications. Utilization review, dated 04/29/2014, denied the request for theramine because the medical records do not document distinctive nutritional requirements; denied the request for Norco because there was no information on pain relief, screening for aberrant behaviors or medication compliance; and denied the request for trigger point injection because the physical examination findings did not meet the criteria for trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point Injection, left elbow, one time only:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injectins.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; and radiculopathy is not present. In this case, the patient complains of left elbow pain despite medical management. Physical examination showed left elbow tenderness and a positive Cozen's test. However, there is no objective evidence of circumscribed trigger points on physical exam. The criteria have not been met. Therefore, the request for Trigger Point Injection, Left Elbow, One Time Only is not medically necessary.

**Theramine; one (1) month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in worker's Compensation/Pain- Medical Foods.

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Theramine is not recommended. It is a medical food that is a proprietary blend of GABA and choline bitartrate, L-arginine, and L-serine intended for management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated. Regarding choline, there is no known medical need for supplementation. Regarding L-Arginine, this medication is not indicated in current references for pain or inflammation. Regarding L-Serine, there is no indication for the use of this product. In this case, patient was prescribed Theramin since at least March 2014. However, guidelines do not support the use of Theramin. In addition, the present request as submitted failed to specify the number to be dispensed. Therefore, the request for Theramine; One (1) Month Supply is not medically necessary.

**Norco 7.5mg #60:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since at least March 2014. The patient reports 40% more function with medication. However, the medical records do not clearly reflect continued analgesia, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 7.5mg #60 is not medically necessary.