

Case Number:	CM14-0075936		
Date Assigned:	07/16/2014	Date of Injury:	07/21/1998
Decision Date:	08/28/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	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 Preventative Medicine has a subspecialty in Occupational Medicine 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 50 year old employee with date of injury of 7/21/1998. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy. Subjective complaints include low back pain radiating into bilateral lower extremity with numbness and tingling and standing for 3-4 minutes results in pain in the right thigh. Objective findings include tenderness over lumbar spine with limited motion; decreased sensation of tight anterolateral thigh to knee; claimant also has depressed mood and affect. Treatment has consisted of Ativan, Mirtazapine, Prozac, Norco, Sprix, Theramin, Sentra AM, Sentra PM and Lorazepam. The utilization review determination was rendered on 5/5/2014 recommending non-certification of: Norco 10/325 Mg for QID Quantity 120; Lorazepam 1Mg every Bedtime Quantity 16; Theramine TID Quantity 90 and Sentra PM for BID Quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg for QID Quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, and increased level of function, attempts at weaning/tapering, risk assessment profile or improved quality of life. As such, the request for Norco 325/10mg # 120 is not medically necessary.

Lorazepam 1Mg every Bedtime Quantity 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, insomnia treatment.

Decision rationale: MTUS states that benzodiazepine (ie Lorazepam) is Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, there has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines. As such, the request for Lorazepam 1 mg before bedtime quantity 16 is not medically necessary and appropriate.

Theramine TID Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines (ODG) states that a medical food is 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. ODG comments on Theramine directly, and states, “ Not recommended. Theramine® is a medical food from Physician Therapeutics, Los Angeles, CA, 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. See Medical food, Gamma-aminobutyric acid (GABA), where it says, There is no high quality peer-reviewed literature that suggests that GABA is indicated; Choline, where it says, There is no known medical need for choline supplementation; L-Arginine, where it says, This medication is not indicated in current references for pain or inflammation; & L-Serine, where it says, There is no indication for the use of this product. In this manufacturer study comparing Theramine to Naproxen, Theramine appeared to be effective in relieving back pain without causing any significant side effects. (Shell, 2012) Until there are higher quality studies of the ingredients in Theramine, it remains not recommended.” In addition the ODG guidelines do not support the use of Theramine. Therefore, the request for Theramine TID quantity 90 is not medically necessary and appropriate.

Sentra PM for BID Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain (Chronic), Sentra and medical food.

Decision rationale: The Official Disability Guidelines (ODG) states that a medical food is 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. ODG states on Sentra PM, 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. See Medical food, Choline, Glutamic Acid, & 5-hydroxytryptophan. In this case, the treating physician has not provided any documentation of nutritional deficiency or extenuating medical circumstances that would justify the use of Sentra PM. As such, the request for Sentra PM for BID quantity 60 is not medically necessary.