

<b>Case Number:</b>	CM14-0080290		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/31/2014

### 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 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 injured worker is a 56-year-old female who reported an injury after moving clothing racks when a rack she was pulling broke, causing it to fall. The injured worker reported she was holding onto the rack with her right hand and as the rack broke into pieces, she was thrown forward to the ground on her right side on 07/16/2010. The clinical note dated 06/25/2014 indicated diagnoses of abdominal pain, acid reflux secondary to stress rule out ulcer anatomical alteration weight loss unsubstantiated at this time, hypertension triggered by work related injury, palpitations rule out cardiac vs. anxiety, sleep disorder rule out obstructive sleep apnea and fibromyalgia. The injured worker reported improved abdominal pain and acid reflux with the use of medications. The injured worker reported worsened sleep quality; however, no change in her anxiety, depression, palpitations or headaches. The injured worker reported low back pain rated 5/10 and hearing loss on physical examination. The injured worker's weight was 219 pounds with no other significant findings on physical exam. The injured worker's treatment plan included a urine lab test, medication refill, and ophthalmology consultation. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Prilosec, Lyrica, and Tramadol. The provider submitted a request for Tramadol, Lyrica, and Sentra. A request for authorization dated 06/25/2014 was submitted for Tramadol and Lyrica; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate treatment for moderate to severe pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing Tramadol. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Tramadol is not medically necessary.

**Lyrica 150mg QTY: 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

**Decision rationale:** The California MTUS guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. There is a lack of documentation of neuropathy. In addition, there is a lack of documentation of efficacy in functional improvement with the use of Lyrica. Furthermore, the request does not indicate a frequency for the Lyrica. Therefore, the request for Lyrica is not medically necessary.

**Sentra PM:** 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), Pain, Sentra PM.

**Decision rationale:** The Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression that is a proprietary blend of Choline bitartrate, glutamate, and 5-hydroxytryptophan. 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. The documentation submitted did not indicate the injured worker would be on tube feeding. In addition, it is not indicated that the

injured worker was on nutritional requirements. Furthermore, Sentra PM is considered a medical food. Per the guidelines, medical food 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. Furthermore, the request did not indicate a dosage, frequency, or quantity. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Sentra PM is not medically necessary.