

Case Number:	CM14-0081988		
Date Assigned:	07/18/2014	Date of Injury:	08/22/2012
Decision Date:	08/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 8/22/12 after moving a heavy barrel. He was diagnosed with herniated lumbar disc, lumbar radiculopathy, myofascial syndrome, pain-related insomnia, and neuropathic pain. He was treated with oral and topical analgesics, physical therapy, chiropractor visits, and later epidural steroid injections. The worker was seen by his treating physician on 5/12/14 complaining of pain in his left thigh, rated at 2/10 on the pain scale, which is typical of his reports over the prior 2 months or so. Without his medications (Norco, Theramine, Pamelor, and Gabapentin/Baclofen ointment) his pain level rises to 6/10 on the pain scale, reportedly. He was then recommended he continue his Pamelor, Norco, and Theramine, but to switch from Gabapentin/Baclofen ointment to Flurbiprofen/Cyclobenzaprine ointment. He was also recommended to discontinue physical therapy due to his high blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg RFA 5/12/14 QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, Criteria for use and Weaning of medications Page(s): 78-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): pp. 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there seems to be pain-lowering benefits from this medication in combination with other medications he is using. However, there is no documentation found in the notes provided to show evidence of functional benefits with the use of this medication which is required to justify continuation. Without this documentation, the request for Norco is not medically necessary.

Theramine RFA 5/12/14 QTY 120: 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, Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Theramine Other Medical Treatment Guideline or Medical Evidence: Physician Therapeutics (<http://www.ptlcentral.com/medical-foods-products.php>).

Decision rationale: The MTUS does not address the product, Theramine. Theramine is a medical food product that includes a variety of amino acids, GABA, 5-HTP, and other ingredients, and is used in the management of pain syndromes. The ODG states that Theramine is not recommended as there is no high quality peer-reviewed literature that shows that these ingredients are effective. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended, according to the ODG. Also, in the case of this worker, the Theramine was used, but it is not clear how it affected the worker's function, as this was not documented in recent progress notes. Without any evidence to suggest this worker should be an exception using this product, the request for Theramine is not medically necessary.

Compound ointment (Fluriprofen/ Cyclobenzaprine) 24gm #dispense unspecified RFA 5/12/14 QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental, due to few randomized controlled trials to determine efficacy or safety. The MTUS specifically states that topical use of muscle relaxants, such as cycloenzaprine, is not recommended, as there is no evidence for use. Also, in the case of this worker, topical analgesics similar to the one being reviewed here were used prior to the request, but there was no evidence of specific functional benefit from their use. Therefore, the request for Fluriprofen/Cyclobenzaprine ointment is not medically necessary.