MAXIMUS Federal Services

Case Number:	CM14-0082043		
Date Assigned:	08/08/2014	Date of Injury:	01/06/2007
Decision Date:	09/15/2014	UR Denial Date:	05/15/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:The patient is a 49-year-old male with a date of injury of 01/06/2007. The listed diagnoses per [redacted] are: 1. Herniated lumbar disk, status post L3-L4 discectomy. 2. Chronic pain syndrome. 3. Chronic pain-related insomnia. 4. Neuropathic pain. The patient is status post L3-L4 laminectomy and discectomy in 2007. According to progress report 03/18/2014, the patient presents with low back and bilateral leg pain. Patient states Opana was the most efficacious. He reports his pain level as 7-8/10 with medication and 10/10 without medication. The provider states that he does not intend to maintain the patient on these medications indefinitely, but just until his spine surgery is complete. On 02/03/2014, patient reported pain is 7/10 right now, and without pain medication 10/10, and with medication 7/10. Provider states the patient has been suffering from anxiety to the point of panic attacks and a small amount of Xanax will be dispensed for his severe anxiety. Request is for a urine drug screen, Voltaren 75 mg #90, Skelaxin 800 mg #90, Trazodone 50 mg #90, TGHot Ointment 240mg, Xanax 2 mg #20, Theramine #120, Trepadone #12, and Gabadone #60. Utilization review denied the request on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: 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 Drug testing Page(s): 43.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting authorization for urine drug screen to assess medication compliance and identify possible drug diversion. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, Official Disability Guidelines (ODG) provides clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates patient had a urine drug screen on 08/19/2013 which was inconsistent. Hydrocodone and Hydromorphone were confirmed, but they were not prescribed medications and Trazodone was not detected, but it was a prescribed medication. UDS on 02/03/2014 was consistent with the medications prescribed. Another UDS was taken on 03/18/2014 which was again consistent with the medications prescribed. In this case, the patient has had two consistent drug screens this year. A repeat testing is not necessary or within guidelines. Therefore, this request is not medically necessary.

Voltaren 75 MG #90 4/18/2014: 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 Medications for chronic pain , Anti-inflammatory medications , NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting a refill of Voltaren 75 mg #90. This patient has been taking this medication since at least 01/14/2014. The MTUS Guidelines page 22 supports use of NSAIDS for chronic LBP as a first line of treatment. In this case, the provider requests refills of Voltaren on a monthly basis. Pain scales are utilized to denote patient's decrease in pain with taking medications, but the provider states patient has tried many medications and the one that has worked the best in pain control and improved function is Opana ER and IR. There are no discussions of Voltaren use or its efficacy. MTUS Guidelines, page 60, requests documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy of this medication and functional changes, the request is not medically necessary.

Skelaxin 800 MG #90 4/18/2014: 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 Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting a refill of Skelaxin 800 #90. The provider states patient is to utilize this medication on a daily basis for muscle spasm. Review of the progress reports indicates the patient has been taking this medication since 01/14/2014. For Metaxalone (Skelaxin), the MTUS Guidelines page 61 states, "recommended with caution as a second line option for short term pain relief in patients with chronic low back pain." Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. Review of the medical file indicates the patient has been taking this medication since at least 01/14/2014. MTUS does not recommend long term use of muscle relaxants; recommendation is for 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Therefore, this request is not medically necessary.

Trazadone 50 MG #90 4/18/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for Chronic Pain, page 13-16 and on the Non-MTUS Official Disability Guidelines (ODG); Insomnia, Pain Chapter.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting a refill of Trazodone 50 mg #90 for patient's insomnia and pain. Trazodone is classified as an antidepressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, the patient presents with pain with the diagnosis of neuropathic pain and complains of low back pain that radiates to the bilateral leg. Antidepressants are used as a first line option for neuropathic pain and may be indicated for this patient. In addition, the patient is suffering from insomnia. Therefore, this request is medically necessary.

LG Hot Ointment 240 GM 4/18/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.**MAXIMUS guideline:** Decisionbased on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting TGHot ointment 240 gm. TGHot is a compound topical cream containing Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The MTUS Guidelines regarding topical analgesics states "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation so therefore, this request is not medically necessary.

Xanax 2 MG #20 4/18/2014: 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 rationale: This patient presents with low back and bilateral leg pain. The provider is requesting a refill of Xanax 2 mg #20 for patient's "severe anxiety." MTUS Guidelines page 24 state, "Benzodiazepines are 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." Review of the medical file indicates on 02/03/2014, provider initiated Xanax to be used only as needed for patient's severe anxiety. MTUS Guidelines are clear on long term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk dependence." Xanax is not medically necessary.

Theramine #120 4/18/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting the patient continue with Theramine 2 p.o. b.i.d. #120 for neuropathic pain. The ACOEM and MTUS guidelines do not discuss Theramine, a medical food. ODG guidelines under pain chapter, has the following regarding Theramine, "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." Theramine is not supported by ODG and is not medically necessary.

Trepadone #12 4/18/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG); Pain Chapter.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting Trepadone #12 for "joint health." ODG has the following under its pain section "Trepadone is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding Medical Food, ODG states that it is to be used when there is a specific deficit requiring supplement. In this case, there is no evidence that the patient has deficits of L-arginine, L-glutamate, choline bitartrate, etc., contained in Trepadone. Therefore, the request is not medically necessary

Gabadone #60 4/18/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: This patient presents with low back and bilateral leg pain. The provider is requesting a refill of Gabadone #60 for "pain related insomnia." The ACOEM and MTUS do not discuss Gabadone. ODG has the following under its pain section, "Not recommended. Gabadone is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders." ODG states that for ingredient choline, "There is no known medical need for choline supplementation." For Glutamic Acid, "This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." For 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." While some of the ingredients may be indicated, choline is not. Furthermore, medical foods in general are not recommended per ODG unless there is a specific deficit for supplemented ingredient. Therefore, this request is not medically necessary.