

<b>Case Number:</b>	CM14-0085647		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, and sleep disturbance reportedly associated with an industrial injury of February 7, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; topical agents; dietary supplements; earlier knee arthroscopy; and reported return to work. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a urine drug screen, Theramine, Sentra AM, Sentra PM, GABAdone, and Menthoderm gel. The applicant's attorney subsequently appealed. In a November 20, 2013 progress note, the applicant reported 9/10 knee pain. The applicant was given prescriptions for naproxen, Prilosec, Terocin, Flurbiprofen containing compound, a Gabacyclotram compound, Genicin, and Somnicin. MRI imaging of the knee was sought. The applicant was returned to regular duty work, it was suggested. Drug testing on November 20, 2013 was reviewed and was apparently positive for opioids but negative for all other items in the panel. A variety of benzodiazepines, barbiturates, and antidepressant metabolites were tested for, despite the fact that the applicant was negative for many of the parent compounds at issue. Again, despite the fact that the bulk of the tests in question were negative, the attending provider went on to perform GC/MS confirmation on "all drugs, including barbiturates, Carisoprodol, and THC." On February 12, 2014, the applicant presented with intermittent knee pain, 6/10. The applicant was given prescriptions for Norco, Terocin, Sentra AM, Theramine, Sentra PM, GABAdone, Gabacyclotram, Somnicin, and Flurbiprofen-containing compounds. The applicant was reportedly returned to regular duty work on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis toxicology test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Confirmatory and quantitative testing's, per Official Disability Guidelines, are typically not recommended outside of the emergency department drug overdose context. In this case, however, the attending provider did apparently perform confirmatory testing, with no compelling rationale for the same. Confirmatory and quantitative testing's performed on numerous metabolites, despite the fact that the applicant was negative for the parent drug classes. Nonstandard testing to include multiple opioids, benzodiazepines, and barbiturate metabolites was also performed. The attending provider did not provide state when the applicant was tested, nor did the attending provider attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request was not medically necessary.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment.

**Decision rationale:** The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, complementary treatments, alternative treatments, and/or dietary supplements such as Theramine are "not recommended" in the treatment of chronic pain as they have not been proven to have any meaningful benefits or improvements in functional outcomes in the treatment of the same. Therefore, the request is not medically necessary.

**Sentra AM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, chronic pain chapter, alternative treatments, complementary treatments, and/or dietary supplements such as Sentra are "not recommended" in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. The attending provider did not proffer any compelling applicant-specific narrative, rationale, commentary, or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Sentra PM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, complementary treatments, alternative treatments, and/or dietary supplements such as Sentra PM are "not recommended" in the treatment of chronic pain as they have not been proven to demonstrate any meaningful benefits or improvements in functional outcomes in treatment of the same. No compelling applicant-specific rationale or medical evidence was proffered so as to offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Gabadone #60:** 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 Chapter, Gabadone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Alternative Treatment section, dietary supplements such as GABAdone are not recommended in the treatment of chronic pain as they have not been shown

to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. As with the other dietary supplements, the attending provider did not proffer any compelling medical evidence or applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Menthoderm gel #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of salicylate topicals such as Mentoderm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider furnished the applicant with prescriptions for several different topical compounded drugs, namely Terocin, Mentoderm, Flurbiprofen-containing cream, and a Gabacyclotram compound all on one date, February 12, 2014. It is unclear why the applicant needed to use four to five different topical compounded. The attending provider did not, thus, factor into account other medications, including other topical medications, into his decision to endorse the prescription for Mentoderm. Therefore, the request was not medically necessary.