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| Case Number: | CM14-0091277 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/17/1996 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 Nevada. 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 67 year old female who was reportedly injured on 12/17/1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 7/8/2014, indicated that there were ongoing complaints of neck pain, low back pain and bilateral lower extremity pain. The physical examination demonstrated bilateral lower extremity hyperalgesia and allodynia, antalgic gait, painful neck and lumbar spine range of motion with axial spine tenderness. No recent diagnostic studies are available for review. Previous treatment included medication and conservation of treatment. A request was made for Therapentin #60 and was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapentin #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurotin Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: The MTUS Chronic Pain Guidelines consider Gabapentin to be a first-line treatment for neuropathic pain, and Therapentin is a medical food product designed to aid in the nutritional management of pain syndromes. It was noted the injured worker has hypersensitivity and pain on physical exam. As such, this request for this medication is questionable due to the component of Therapentin. There are not enough evidence-based clinical trials to support the use of this medication. Therefore, at this time this request is deemed not medically necessary.