

<b>Case Number:</b>	CM14-0119176		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/10/2005
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 patient is a 53 year old male with date of injury 3/10/05. The most recent treating physician report provided dated 4/3/14 indicates that the patient presents with pain affecting his neck, low back and bilateral knees. The physical examination findings reveal the patient is post cervical hardware removal. The patient utilizes a back brace and cervical collar. Prior treatment history includes lumbar spine fusion surgery with subsequent hardware removal as well as cervical spine fusion surgery with subsequent hardware removal. No MRI results were included in the medical documentation provided. The current diagnoses are: 1. Cervical hyperextension/hyperflexion, status post-surgery 2. Hardware pain, status post lumbar spine surgery 3. Thoracic discopathy 4. Bilateral knee arthrosis 5. Status post lumbar hardware removal and fusion exploration 6. Cervical dysphagia 7. Status post cervical fusion hardware removal. The utilization review report dated 7/8/14 modified the request for Hydrocodone/APAP 10/325mg #60 with 2 refills to a certification of 1 prescription of Hydrocodone/APP 10/325mg#34 between 6/13/2014 and 9/29/2014 based upon MTUS guidelines. The UR further noted that the modification was based upon a weaning schedule. The utilization review dated 7/8/14 additionally denied the request for Sentra PM #60 based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids from Chronic Pain Page(s): 78, 88-89.

**Decision rationale:** The patient presents with chronic long-term pain affecting his neck, low back and bilateral knees. The current request is for Hydrocodone/APAP 10/325mg #60 with 2 refills. The treating physician report dated 4/3/14 stated that the patient's diagnoses have not changed, the patient has a chronic condition, and physician feels that the patient is a candidate for ongoing use of Hydrocodone/Acetaminophen. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the treating physician report dated 4/3/13, there is no documentation regarding the efficacy from chronic use of Hydrocodone/APAP 10/325. The treating physician states the patient has pain that is rated a 10/10. There is no documentation of the effects of the medication. Additionally, in this case, there is no documentation of the medications effect of the 4A's as required by MTUS. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. The treater in this case has failed to document the medication efficacy. Therefore, this 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 (ODG): Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Medical Food>

**Decision rationale:** The patient presents with chronic long-term pain affecting his neck, low back and bilateral knees. The current request is for Sentra PM #60. The most recent treating physician report dated 4/3/14 does not address Sentra P#60 whereas the treating physician report dated 2/14/14 states the patient reports "weight loss, fatigue, weakness or trouble sleeping" and that the patient is on Sentra PM to "help him sleep." The guidelines, per the ODG, define Sentra PM as follows: "Sentra PM is a medical food from [REDACTED], [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-Hydroxytryptophan." Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition

for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must 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; 3) The product must be used under medical supervision. In this case, the treating physician has prescribed a medical food, Sentra PM and the ODG does not support medical food for the treatment of chronic pain. In regards to the usage of specific medical foods ODG specifically lists Choline, Glutamic acid and 5-Hydroxytryptophan. Choline is only supported for long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic acid is supported for those with impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. 5-Hydroxytryptophan is supported for anxiety disorders, fibromyalgia, obesity and sleep disorders. The only component of Sentra PM that might be supported would be the 5-Hydroxytryptophan; the other ingredients are not supported. Therefore, the Sentra PM cannot be supported. Therefore, this request is not medically necessary.