

Case Number:	CM14-0184115		
Date Assigned:	11/26/2014	Date of Injury:	10/04/2004
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Interventional spine 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 60-year-old female with a date of injury of 10/04/2014. According to progress report dated 04/21/2014, the patient presents with neck, low back, right shoulder, right arm, fingers, and bilateral knee complaints. The patient states her right shoulder pain has pins and needle sensation and rated as 5/10 on a pain scale. There is some numbness in the fingers noted. The patient is currently taking medication for weight loss. Examination of the cervical spine revealed mild tenderness in the paracervical musculature and decreased range of motion. Examination of the right shoulder revealed "substantial significant difficulties with shoulder mobility." She has decreased range of motion but no instability is noted." Examination of the bilateral wrist/hands revealed full range of motion and normal mobility. The patient has mild diminution of sensibility in the upper extremities. The listed diagnoses are:1. Cervical chronic sprain/strain syndrome with mild cervical discopathy.2. Lumbar chronic sprain/strain syndrome with mild lumbar discopathy.3. Carpal tunnel syndrome.4. Status post right shoulder replacement. The treatment plan is for patient to complete right shoulder physical therapy, transdermal TGHOT and continuation of medications. The patient has achieved maximum medical improvement/permanent and stationary status. This is a request for gabapentin, UDS, AppTrim, and a topical compound cream. The utilization review denied the request on 10/27/2014. The medical file provided for review includes 1 progress report dated 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (unspecified amount and dose): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with ongoing neck, low back, right shoulder, right arm, and fingers, and bilateral knee complaints. The current request is gabapentin. The medical file provided for review includes 1 progress report and does not include any discussion regarding this medication. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." It is unclear if this is an initial request or if this is a request for refill. In this case, recommendation cannot be made as the treater does not specify any dosing or recommendation for duration of use; an open-ended prescription cannot be supported. The requested Gabapentin is not medically necessary.

Retrospective request for urinalysis DOS 10/3/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screening

Decision rationale: While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends one yearly urine drug screen following the initial screening with the first 6 months for management of chronic opiate use and low-risk patients. The medical file provided for review includes 1 progress report dated 04/21/2014. According to this report, the patient is utilizing a topical compound cream called TGHOT which includes Tramadol/Gabapentin/Menthol/Camphor/and Capsaicin. There is no other discussion regarding any other medication. Given that the patient's current medication regimen does not include an opioid, a urine drug screen would not be indicated. This request is not medically necessary.

AppTrim #120, (2) bottles to take 2 capsules twice a day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: www.ptlcentral.com/medical-foods-products.php.apptrim-d®,
Aetna Weight Reduction Medications and Programs (Number: 0039)
http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: This patient presents with ongoing neck, right shoulder, right arm, and fingers, and bilateral knee complaints. This is a request for AppTrim #20 (2 bottles) to take 2 capsules twice a day. The ACOEM, MTUS, and ODG Guidelines do not discuss AppTrim. According to www.ptlcentral.com/medical-foods-products.php "Apptrim-d is a specially formulated medical food that must be administered under the ongoing supervision of a medical professional consisting of a proprietary formula of amino acids and polyphenol ingredients in specific portions, for the dietary management of metabolic processes associated with obesity, morbid obesity, and metabolic syndrome." According to progress report 04/21/2014, the patient is currently taking medication for weight loss. The MTUS, ACOEM and ODG guidelines do not discuss weight loss medications specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the medical file does not show that this patient meets the criteria provided by Aetna for a weight reduction medication. Furthermore, the treater does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction medications are considered for patients who have failed to lose weight after low calorie diet and physical activities. The requested AppTrim is not medically necessary.

Gabapentin 10%/Cyclobenzaprine 4%/ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Campahor 2% cream, 180 grams to apply 1-2 grams to affected area: Upheld

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

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

Decision rationale: This patient presents with ongoing complaints of neck, low back, right shoulder, right arm, and fingers, and bilateral knee complaints. The current request is for Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.75%/Menthol 5%/Camphor 2% cream 180 g to apply 1 to 2 g to affected areas. The MTUS Guidelines has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Furthermore, Gabapentin and cyclobenzaprine is not recommendation in

any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication is not medically necessary.