

Case Number:	CM14-0184997		
Date Assigned:	11/12/2014	Date of Injury:	07/08/2013
Decision Date:	01/21/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 7/8/2013. She was diagnosed with neck sprain/strain, cervical disc displacement, brachial neuritis/radiculitis, left shoulder sprain/strain, and thoracic sprain/strain. She was treated with various medications including topical, injected, and oral analgesics. He was also treated with home exercises and chiropractor treatments. However, she continued to experience chronic pain. The most recent progress note prior to this request was from 9/15/14, when the worker was seen by her primary treating physician reporting constant neck pain radiating to her arms with numbness and tingling, rated at 8/10 on the pain scale, mid-back pain rated 6/10 on the pain scale, low back pain with radiation to left leg and associated with numbness and tingling rated 9/10 on the pain scale, and left shoulder pain rated 9/10 on the pain scale. She denied any side effects to the medications she was taking (no report on effectiveness of the medications was included in the note). Physical examination revealed decreased range of motion of the cervical spine, left shoulder, and lumbar spine. Also, the bilateral lower extremities sensation was decreased at L5-S1 dermatomes and the straight leg raise was positive. She was then recommended to continue her multiple oral and topical medications, complete aquatic therapy, get lumbar MRI imaging, and have a Toradol injection that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no documented evidence of functional benefit with the chronic use of this medicine, besides the fact that it is generally not recommended for chronic use. Therefore, the Cyclobenzaprine is not medically necessary to continue.

Ibuprofen 800mg #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 (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/10/2014; NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The worker in this case was using this medication chronically leading up to this request, however, there was no up to date report documented functional benefit from its continual use. Also, therefore, continuation is not medically necessary.

Norco 10/325 mg #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 (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/10/ 2014; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed at the time of this request as it was not documented in the progress note. There was no evidence of functional benefit from Norco, therefore it will be considered not medically necessary until this is provided.

Genicin #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 (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulphate. Glucosamine hydrochloride has had fewer studies to evaluate its effectiveness. In the case of this worker, there seems to be no indication that glucosamine would be indicated as there is no diagnosis of osteoarthritis. Also, there is no evidence provided suggesting functional benefit from its continual use. Therefore, the Genicin is not medically necessary to continue.

Somnicin #30: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014; sleep aides.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, Melatonin

Decision rationale: Somnicin is a combination product which contains melatonin, 5-HTP, L-tryptophan, vitamin B6, and magnesium and is for the treatment of insomnia. There is no discussion of this product or its ingredients listed in the MTUS Guidelines. The ODG addresses melatonin, suggesting that it may be an option for the treatment of insomnia, however, there is

no guideline addressing Somnicin and the combination of melatonin and the other ingredients as there is no high quality studies that evaluated this specific combination and dosing. In the case of this worker, she was taking more than one sleep aid product including this one; however, there was no documented report on her sleep quality and duration since taking this product which might have helped justify its continuation. Therefore, without evidence of benefit, the Somnicin will not be considered medically necessary.

Injection 50mg Toradol/B12 DOS: 07/30/2014: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary; Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Ketorolac (Toradol) injections specifically are not recommended for minor or chronic painful conditions. In the case of this worker, her provider used Toradol more than once for her chronic pain; however, this is not appropriate use of Toradol as this worker has chronic pain. Also, there is no evidence that the worker required vitamin B12 supplementation. Therefore, the Toradol injection with vitamin B12 from 9/15/14 is not medically necessary.

Theramine #30: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 09/10/2014; Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Theramine

Decision rationale: The MTUS Guidelines are silent when it comes to use of Theramine. Theramine is a medical food product that includes a variety of amino acids, GABA, 5-HTP, and other ingredients, and is used in the management of pain syndromes. The ODG states that Theramine is not recommended as there is no high quality peer-reviewed literature that shows that these ingredients are effective. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended, according to the ODG. In the case of this worker, the

Theramine was used by the worker but with no documented evidence of functional benefit. Therefore, the Theramine 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 (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014; medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical food and Other Medical Treatment Guideline or Medical Evidence: Physician Therapeutics, Sentra AM (<http://www.ptlcentral.com/medical-foods-products.php>).

Decision rationale: Sentra AM is a medical food product which contains various ingredients including choline, arginine, GABA, histidine, tryptophan, and serine, and is marketed for the treatment of fatigue and cognitive disorders. The MTUS is silent regarding Sentra AM or its ingredients individually. The ODG, however, states that medical food may be recommended in certain situations where there is a distinctive nutritional requirement. Choline, the primary ingredient in Sentra AM is only recommended for long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency, and is not generally recommended yet for other indications. Choline and these other amino acids are found in foods, which can be prescribed to patients as well, so there is no need for a specific product for most patients. In the case of this worker, she used more than one product with GABA, which seems inappropriate. Also, there was no evidence that the Sentra AM was providing measurable functional benefit, therefore it will be considered 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014; medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Sentra PM, AND Medical food

Decision rationale: The MTUS Guidelines are silent in regards to the medical food supplement, Sentra PM, which is made by [REDACTED]. The ODG, however, states that Sentra PM contains a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, and is intended for the use in management of sleep disorders associated with depression, but is not generally recommended for chronic pain as it has not been shown to produce a meaningful benefit. In the case of this worker, she was using more than one sleep aid, including the Sentra PM, but with no documented history of her sleep patterns with and without this product which is required in order to justify continuation. Therefore, the Sentra PM will be considered not medically necessary.

Gabadone #50: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last updated 09/10/2014; medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Medical food, and Gabadone.

Decision rationale: Gabadone is a medical food product which includes the following ingredients: 5-Hydroxytryptophan, choline bitartrate, gamma aminobutyric acid, cocoa extract, l-glutamic acid, whey protein, griffonia extract, valerian root, acetyl l-carnitine, ginkgo biloba, and grape seed extract, which are all generally recognized as safe. Gabadone is formulated for the treatment of sleep disorders. The MTUS is silent in regards to Gabadone. The ODG states that some individual medical foods may be recommended in special circumstances where there is a clear nutritional deficiency. However, Gabadone is not recommended by the ODG. None of these ingredients found in Gabadone, however, are considered first-line therapy for sleep disorders, mostly due to limited quality studies. Since the specific product, Gabadone, includes multiple ingredients that together have even less evidence of benefit and safety, it is unreasonable to suggest this as an approved product for recommendation. The worker in this case was using multiple sleep aids, including this one, however, there was no report found in the documentation showing improved sleep patterns specifically with its use, which is required in order to justify continuation. Therefore, the Gabadone will be considered not medically necessary.

Trepadone #120: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary last update 09/2014

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

Decision rationale: Trepadone is a proprietary medical food product which contains various neurotransmitter precursors, GABA, and other ingredients such as grape seed extract, cinnamon bark, and cocoa and is for the treatment of joint disorders. The MTUS is silent regarding Trepadone as well as its separate ingredients. The ODG states that some individual medical foods may be recommended in special circumstances where there is a clear nutritional deficiency. In the case of this worker, she was taking this and many other supplements with GABA as a main ingredient, which is inappropriate. Also, there was no documented evidence

that the Trepadone was providing any significant functional benefit to the worker. Therefore, the Trepadone is not medically necessary.

Terocin 120ml: 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): 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she was using topical Lidocaine; however, there was no documented evidence of functional benefit directly from the use of this product. Therefore, the Terocin cream will be considered not medically necessary.

Urine Drug Screen DOS 07/30/14 (retrospective): 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) Treatment in Workers Compensation (TWC); Procedure Summary last updated 09/10/2014; Urine Drug Test (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Opioids Page(s): 43; 77, 78 and 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence to suggest she required regular drug screening as there was no signs of abuse, addiction, or abnormal behavior. Therefore, the drug screening is not medically necessary.

Aquatic Therapy x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98 and 99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, physical therapy in any form would be indicated; however, there was no documentation which helped justify aquatic therapy over home exercises. Also, there was no evidence that this therapy was providing the worker with improvements in her overall function, which is required before consideration of any continuation. Therefore, the Aquatic Therapy is not medically necessary to continue.

Terocin Patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical analgesics Page(s): 56, 57 and 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she was using topical Lidocaine patches as well as Lidocaine cream; however, there was no documented evidence of functional benefit directly from the use of this product. Therefore, the Terocin patch will be considered not medically necessary.