

Case Number:	CM14-0187275		
Date Assigned:	11/17/2014	Date of Injury:	03/01/2004
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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], who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 1, 2004. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; opioid agents; adjuvant medications; unspecified amounts of physical therapy; epidural steroid injection therapy; anxiolytic medications; TENS unit, and associated supplies. In a Utilization Review Report dated November 6, 2014, the claims administrator retrospectively denied a request for Theracodophen, an amalgam of Hydrocodone-Acetaminophen, an opioid agent, and Theramine, a dietary supplement. The applicant's attorney subsequently appealed. The applicant received a cervical epidural steroid injection on October 14, 2014, it is incidentally noted. On May 12, 2014, the applicant reported ongoing complaints of neck pain, 8/10, with ancillary complaints of knee pain, shoulder pain, and hip pain. The applicant's medications included Zestril, Norco, Senna, Lunesta, Terocin, Diclofenac, Levoxyl, Metformin, Zocor, Cymbalta, Klonopin and Neurontin, it was acknowledged. The applicant's BMI was 25. Epidural steroid injection therapy, Pennsaid, and MRI imaging of multiple body parts was sought. The applicant's work status was not clearly stated. In a psychiatry note dated May 1, 2014, the applicant was described as using Cymbalta and Klonopin. The applicant remains consistently depressed, it was suggested. The applicant's work status was not furnished on this occasion, either. On April 15, 2014, authorization was sought for Norco, Lunesta, Senokot, Neurontin, and Cymbalta. The Theracodophen amalgam was apparently dispensed on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription of Theracodophen 325: Upheld

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

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

Decision rationale: Theracodophen is an amalgam of Hydrocodone-Acetaminophen, an opioid agent, and Theramine, a dietary supplement. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines do note that dietary supplements are not recommended in treatment of chronic pain as they have not been demonstrated to have any favorable outcomes or meaningful benefits in the management of the same. Since one ingredient in the amalgam is not recommended, the entire Theracodophen amalgam is not recommended. Therefore, the request is not medically necessary.