

Case Number:	CM14-0192252		
Date Assigned:	11/25/2014	Date of Injury:	09/03/2007
Decision Date:	01/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab 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 72-year old female with date of injury 9/3/07. The treating physician reports dated 7/1/14 and 9/29/14 indicates that the patient presents with chronic pain affecting her back and neck. The physical examination findings reveal the patient has declined an epidural and is beginning to taper her use of Theracodophen, which includes Norco. Prior treatment history includes use of a transcutaneous electrical nerve stimulation (TENS) unit and medications. Undated MRI findings reveal cervical disc disease and Electromyography (EMG) and nerve conduction studies consistent with cervical radiculopathy. The utilization review report dated 10/20/14 denied the request for Retrospective (DOS: 9/29/14) Gabadone #60, Retrospective (DOS: 9/29/14) Therabenzaprine 90, #120, Retrospective (DOS: 9/29/14) Theracophen 325, #120 and Retrospective (DOS: 9/29/14) Therapentin 90, #120 based on MTUS Medical Foods guidelines. The current diagnoses are: - Traumatic fall with chronic cervical lumbar spine pain- Cervical disc disease with cervical radiculopathy- Chronic low back with no electrodiagnostic abnormality- Chronic pain syndrome and affective mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 9/29/14) Gabadone #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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, Gabadone, Medical Food

Decision rationale: The patient presents with chronic pain affecting her back and neck. The current request is for Retrospective (DOS: 9/29/14) Gabadone #60. The treating physician reporting provided does not mention Gabadone or its use in the patient's treatment schedule. However, the RFA dated 11/17/14 (2) notes the Gabadone #60 was dispensed 9/29/14. MTUS is silent on Gabadone. ODG states "Not recommended." GABAdone is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend..." ODG regarding Medical Food states, "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes." Therefore, the request is not medically necessary.

Retrospective (DOS: 9/29/14) Therabenzaprine 90, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation ODG Medical foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine, Medical Food

Decision rationale: The patient presents with chronic pain affecting her back and neck. The current request is for Retrospective (DOS: 9/29/14) Therabenzaprine 90, #120. Therabenzaprine is a compounded medical food and drug containing Theramine and Cyclobenzaprine. The treating physician report dated 9/29/14 (34) states, "we discussed tapering the narcotic use" and requests to obtain authorization to dispense "Therabenzaprine, which includes Theramine two tablets q. 6 hours #180 and cyclobenzaprine 10 mg #120." MTUS is silent regarding the requested treatment. ODG states Theramine is "Not recommended for the treatment of chronic pain." Additionally, regarding Medical Foods, ODG states, "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In regards to chronic usage of cyclobenzaprine, the MTUS guidelines only support this muscle relaxant for short term usage of 2-3 weeks. The current request is not medically necessary as it is not supported by the MTUS or ODG guidelines.

Retrospective (DOS: 9/29/14) Theracophen 325, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical foods. Decision based on Non-MTUS Citation ODG Medical foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food

Decision rationale: The patient presents with chronic pain affecting her back and neck. The current request is for Retrospective (DOS: 9/29/14) Theracophen 325, #120. The treating physician report dated 9/29/14 (34) states, "we discussed tapering the narcotic use" and requests to obtain authorization to dispense "Theracodophen-325, which includes Theramine two tablets q. 6 hours #180 and Norco 10/325 mg two tablets, q. 4-6 hours #120." MTUS is silent regarding the requested compounded medical food and opioid. The MTUS guidelines for chronic opiate use pages 88 and 89 state, "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, activities of daily living (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. ODG states Theramine is "Not recommended for the treatment of chronic pain." Additionally, regarding Medical Foods ODG states, "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In this case, the treating physician has prescribed a compounded medical food and opioid. The documentation provided for review does not show that the patient has before and after pain scales documenting analgesia with Theracophen usage. Additionally, there is no documentation of functional improvements or improvements in ADLs to substantiate opioid usage. The current request is not medically indicated and is not supported by the MTUS or ODG guidelines.

Retrospective (DOS: 9/29/14) Therapentin 90, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical foods. Decision based on Non-MTUS Citation ODG Medical foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food

Decision rationale: The patient presents with chronic pain affecting her back and neck. The current request is for Retrospective (DOS: 9/29/14) Therapentin 90, #120. The treating physician report dated 9/29/14 (34) states, "we discussed tapering the narcotic use" and requests to obtain authorization to dispense "Therapentin, which includes Theramine two tablets q. 6 hours #180 and gabapentin 300 mg p.o. t.i.d. #120." The MTUS guidelines for gabapentin recommend usage for neuropathic pain and ongoing usage must provide documentation of pain and function with medication usage. ODG states Theramine is "Not recommended for the treatment of chronic pain." Additionally, regarding Medical Foods ODG states, "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In this case, there is no documentation of functional improvements or improvements in ADLs to substantiate the usage of gabapentin and ODG does not support Theramine for the treatment of chronic pain. The current request is not medically indicated and is not supported by the MTUS or ODG guidelines.

