

<b>Case Number:</b>	CM14-0194907		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/07/2004
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old female who had a work injury dated 5/7/04. The diagnoses include neck pain, cervical radiculitis, right knee internal derangement, status post total knee replacement, lumbar radiculitis, chronic pain syndrome, chronic pain related depression, chronic pain related insomnia, tension headaches, myofascial pain syndrome, neuropathic pain. Under consideration are requests for one urine drug screen; Sentra PM #60 with 1 refill; Trepadone #120 with 1 refill; Lyrica 75 mg #90 With 1 Refill; Norco 10/325 mg #180 With 1 Refill; Flexeril/Flurbiprofen Ointment 240 Grams With 1 Refill; Pecura #120 With 1 Refill. There is a 6/17/14 document that states that the patient is still having pain in her neck, back, knees and her left knee is worse than the right knee. Her pain score is 7/19 with medication and without medication 9/10. The discussion states that the patient has been taking natural vitamins of which she cannot recall the name but they help her significantly. They help decrease pain and inflammation. The patient recalls she takes less Norco on the vitamin. She has not been taking Nucynta or Zanaflex for a long time. She would like to be placed on Norco instead and discontinue Zanaflex and Nucynta. She is managing her pain with current medications. The treatment plan is for urine drug screen, Refill of Gabadone, Theramine, Trepadone, Discontinue Zanaflex and Nucynta. Continue Lyrica, Fluiflex, Norco. The patient's work status states that she receives future medical care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

**Decision rationale:** Sentra PM #60 With 1 Refill is not medically necessary per the MTUS and ODG guidelines. The ODG guidelines state that Sentra is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The updated ACOEM and the ODG guidelines state that 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. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra is not medically necessary.

**Trepadone #120 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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)- Trepadone and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

**Decision rationale:** Trepadone is not medically necessary per the MTUS and the ODG guidelines. The ODG guidelines state that Trepadone is not recommended for the treatment of chronic pain. Trepadone is a medical food, that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. The updated ACOEM and the ODG guidelines state that 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. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Trepadone #120 with 1 refill is not medically necessary.

**Lyrica 75 mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Lyrica 75 mg #90 with 1 refill is not medically necessary per the MTUS Chronic Pain Treatment Guidelines. The MTUS states that Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate significant functional improvement despite being on long term Lyrica. The request for continued Lyrica is not medically necessary.

**Norco 10/325 mg #180 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 10/325 mg #180 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for 1 Prescription of Norco 10/325 mg #180 with 1 refill is not medically necessary.

**Flexeril/Flurbiprofen Ointment 240 grams with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications and Topical NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Flexeril/Flurbiprofen Ointment 240 Grams with 1 refill is not medically necessary. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use.

The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine therefore topical cream Flexeril/ Flurbiprofen is not medically necessary.

**Pecura #120 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135; <http://www.ptlcentral.com/medical-foods-products.php>

**Decision rationale:** Pecura #120 with 1 refill is not medically necessary per the ACOEM and the ODG guidelines. Percura is a specially formulated prescription only Medical Food consisting of a proprietary blend of amino acids in specific proportions, for the dietary management of the altered metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. The updated ACOEM and the ODG guidelines state that 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. The documentation does not indicate evidence to go against guidelines recommendations and therefore Pecura is not medically necessary.