

<b>Case Number:</b>	CM14-0199084		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Practice and is licensed to practice in Ohio. 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:

This is a 60 year old female who sustained a work related injury on 10/04/2004. Per the Utilization Review, the diagnoses include chronic cervical sprain, chronic lumbar sprain, left carpal tunnel syndrome (CTS) and status post right shoulder replacement on 4/03/2012. Electrodiagnostic studies performed on 7/11/2014 revealed a normal EMG of the bilateral upper extremities and cervical paraspinal muscles. There is evidence of entrapment neuropathy at the wrist bilaterally (CTS). There is also evidence of entrapment of the ulnar nerves. A generalized peripheral neuropathy cannot be ruled out. On 11/24/2014, Utilization Review non-certified prescriptions for App Trim, Gabapentin 600mg #90, one by mouth twice a day and a retrospective urinalysis based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AppTrim:** 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 Chapter

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

**Decision rationale:** AppTrim is a medical food containing L-glutamic acid, choline bitartrate, L-Histidine, L-tyrosine, L-serine, milk whey protein, grape seed extract, griffonia seed extract, cocoa extract, and caffeine. 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. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. While L-arginine may be considered for the management of obesity there is no indication in Micromedex, Clinical Pharmacology, or AltMedDex for the use of L-serine. Glutamic acid treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. Because AppTrim contains L-serine and glutamic acid it cannot be considered medically necessary. The guidelines cited do not recognize any medical uses for L-serine. The injured worker possesses none of the medical issues for which glutamic acid is indicated. The request is not medically necessary.

**Gabapentin 600mg #90, one by mouth twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 17.

**Decision rationale:** In this instance, the only actual medical records enclosed for review are the results of electrodiagnostic testing performed 7-18-2014. That demonstrated bilateral carpal tunnel syndrome, more so on the right side. A note from the utilization reviewer noted that there was no documentation present which supported a functional improvement as a consequence of the gabapentin. It is unclear how long the injured worker has been taking gabapentin and what if any reaction has yet been had as a consequence. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. 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. In this instance, medical documentation pertaining to the use of gabapentin is inadequate to determine its effectiveness. Consequently, Gabapentin 600mg #90, one by mouth twice a day is not medically necessary.

**Retrospective urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**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), Urine drug testing (UDT)

**Decision rationale:** Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. In this instance, a urine drug test was done 7-18-14. The injured worker was not taking any controlled substances and her urine was consistent. She was evidently placed on Norco at some point after that per the utilization reviewer. The initiation of an opioid for potential chronic administration is sufficient justification for a urine drug test. Therefore, a urine drug screen at that point is not medically necessary.