

Case Number:	CM14-0202468		
Date Assigned:	12/15/2014	Date of Injury:	06/20/2008
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 59-year-old man who sustained a work-related injury on June 20, 2008. Subsequently, she developed back pain. According to a progress report dated October 27, 2014, the patient complained of low back pain radiating to the right leg. The patient stated that his low back pain had flared up some and it was up to about 5/10, sometimes 6/10, which was higher than the 4/10 that he was usually at. With medications, the pain level was 4/10. No objective findings were demonstrated. Medications are listed as Butrans patch and Sinralyne-PM. A UDS performed on May 1, 2014 was negative for Buprenorphine and positive for Nicotine and Cotinine. The patient was diagnosed with status post right knee meniscectomy and repair of medial meniscal tear, lumbar radiculopathy, left sacroiliitis, chronic pain syndrome, myofascial syndrome, tension headaches, chronic pain related insomnia, chronic pain related depression, and chronic pain related sexual dysfunction. The provider request authorization for UDS, Subutex, Terocin patches, and Sinralyne-PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78;94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the patient's medical records indicated that 3 UDS were performed in 2014 without any explanation to why the patient requires such frequent testing. Therefore, the request for Urine drug screen is not medically necessary.

Subutex 2mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine for chronic pain , <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, Subutex is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. There is no documentation that the patient fulfilled the above criteria. There is no documentation of functional improvement with previous use of Subutex. Therefore, the request for 30 Sublingual Tablets 2 MG is not medically necessary.

Terocin (Lidocaine/Menthol) patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin patches are formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first

line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.

Sinralyne-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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Medicalfood> >.

Decision rationale: According to ODG guidelines, medical food. < Recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered entirely 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." 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. See Food labeling; Reference Daily Intakes and Daily Reference Values; Mandatory Status of Nutrition Labeling and Nutrition Content Revision proposed rule (56 FR 60366 at 60377, November 27, 1991). Medical foods are exempted from the labeling requirements for health claims and nutrient content claims under the Nutrition Labeling and Education Act of 1990 (see 21 U.S.C. 343 (q) (5) (A) (iv)). Medical foods do not have to be registered with the FDA. (CFR, 2008) Current available medical food products:Choline: Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). A fishy odor may occur with use. (AltMedDex, 2008) (Clinical Pharmacology, 2008)Glutamic Acid: This supplement is used for treatment of hypochlorhydria and achlorhydria. 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. (AltMedDex, 2008) (Lexi-Comp, 2008) 5-hydroxytryptophan: This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. It should be used with caution in individuals using SSRI antidepressants. This product has been linked to a contaminant that causes a condition called eosinophilia-myalgia syndrome. (De Benedittis, 1985) (Klarskov, 2003) (AltMedDex, 2008) (Lexi-Comp, 2008)Gamma-aminobutyric acid (GABA): This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse

reactions associated with treatment include hypertension, increased heart rate and anxiety. Dose reductions are indicated for a creatinine clearance > 60 ml/min. (AltMedDex, 2008) In this low quality RCT, with no description for the actual sleep disorder, an amino acid preparation containing both GABA and 5-hydroxytryptophan reduced time to fall asleep, decreased sleep latency, increased the duration of sleep, and improved quality of sleep. (Shell, 2009)L-Serine: There is no indication in Micromedex, Clinical Phamacology, or AltMedDex for the use of this supplement.L-Arginine: This supplement is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. (AltMedDex, 2008) (CFSAN, 2008) (Clinical Pharmacology, 2008) (Lexi-Comp, 2008) (Micromedex, 2008)Honey & cinnamon: Recommended as an option for arthritis pain. See separate listing for Honey & cinnamon.Limbrel (flavocoxid): Under study as an option for arthritis in patients at risk of adverse effects from NSAIDs, with recent evidence that Limbrel is capable of causing acute liver injury and should be used with caution. (Chalasan, 2012) See separate listing for Limbrel (flavocoxid/ arachidonic acid). See also NSAIDs, GI symptoms & cardiovascular risk; & NSAIDs, hypertension and renal function.See also Compound drugs; Co-pack drugs; Physician-dispensed drugs; Repackaged drugs. For brand names of medical foods and their respective ingredients, see Deplin (L-methylfolate); GABAdone; Sentra PM; Theramine; Trepadone; & UltraClear>. There is no controlled studies supporting the safety and efficacy for the use of Sintralyn for the treatment of pain. Furthermore, there no documentation that the patient suffered from a nutrition deficit that requires the use of Sintralyn. Based on the above, the prescription of Sintralyn-PM #60 is not medically necessary.