MAXIMUS Federal Services

Case Number:	CM15-0004148		
Date Assigned:	01/15/2015	Date of Injury:	09/23/2008
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 61-year-old female who reported injury on 09/23/2008. The mechanism of injury was not provided. The injured worker was noted to be utilizing Anaprox, and Ultracet in 2012. Prior treatments included an H-wave device and physical therapy. The injured worker underwent urine drug screens. The documentation of 12/09/2014 revealed the injured worker's pain was assisted with tramadol. The injured worker indicated medical foods decreased pain and improved sleep. The physical examination revealed the injured worker’s strength was 5/5. The injured worker had decreased range of motion of the left shoulder. The injured worker had numbness in the right fingertips. The injured worker had a positive Tinel’s and carpal compression test bilaterally. The injured worker had a positive Hawkins Kennedy impingement, empty can sign, and horizontal abduction in the bilateral shoulders. The injured worker was noted to undergo an MRI of the right shoulder, left shoulder, lumbar spine, and cervical spine. The diagnoses included myofascial pain syndrome. The treatment plan included Theramine 3 times a day #90 to help with the absorption of NSAIDs, and Ultracet 37.5 mg #60 as needed pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 Chapter, Theramine

Decision rationale: The Official Disability Guidelines indicate that Theramine is not recommended for the treatment of chronic pain. The documentation indicated the injured worker had decreased pain and improved sleep with the medical food. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, and the lack of documentation, the request for 1 prescription of Theramine #90 is not medically necessary.

1 prescription of Tramadol/APAP 37.5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing, Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was however, a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Tramadol/APAP 37.5/325MG #60 is not medically necessary.

1 prescription of Lenza patch #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Lidocaine Page(s): 105; 111; 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. Additionally, there was a lack of documentation of exceptional factors as lidocaine is not recommended as a first line therapy. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Lenza patch #2 is not medically necessary.