

Case Number:	CM15-0004534		
Date Assigned:	01/26/2015	Date of Injury:	07/21/2000
Decision Date:	03/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/09/2015

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
 Certification(s)/Specialty: Emergency 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 68 year old male, who sustained an industrial injury on 7/21/00. He has reported low back pain and bilateral leg pain. The diagnoses have included post-laminectomy syndrome lumbar region, lumbosacral intervertebral dis and sciatica. Treatment to date has included laminectomy, foraminotomy, physical therapy and medications. Currently, the IW states his back pain is modestly better this month and there is less leg pain. The IW states he can bear the back pain with current medications. He feels Morphine Sulfate is the only medication that has ever helped the pain. Decreased sensory to pin prick is noted along the left and right lateral leg and toes with bilateral weakness to knees. There is decreased range of motion noted to the lumbar spine area. On 1/8/15 Utilization Review non-certified a Theramine noting medical necessity has not been established, noting the CA MTUS is silent on this medication. Utilization Review submitted modified certification for Prilosec 20 mg #60 to # 30, noting he is currently taking NSAIDS's and it was modified to comply with referenced guideline. The MTUS, ACOEM Guidelines was cited. On 1/9/15, the injured worker submitted an application for IMR for review of Prilosec 20 mg and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): Page 68-69.

Decision rationale: California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain and bilateral leg pain. The treating physician has documented decreased sensory to pin prick is noted along the left and right lateral leg and toes with bilateral weakness to knees. There is decreased range of motion noted to the lumbar spine area. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Prilosec 20mg, quantity: 60 is not medically necessary.

Theramine, quantity: 90: 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 Pain (Chronic) Chapter, Medical Food

Decision rationale: The requested Theramine, quantity: 90, is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision. The injured worker has low back pain and bilateral leg pain. The treating physician has documented decreased sensory to pin prick is noted along the left and right lateral leg and toes with bilateral weakness to knees. There is decreased range of motion noted to the lumbar spine area. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-

recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine, quantity: 90 is not medically necessary.