

Case Number:	CM15-0008222		
Date Assigned:	01/26/2015	Date of Injury:	03/11/2008
Decision Date:	04/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 11, 2008. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve a request for Theramine, tramadol, and a Thera-tramadol amalgam, apparently dispensed on or around November 12, 2014. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the applicant's secondary treating provider, an internist, gave the applicant diagnoses of gastroesophageal reflux disease, hypertension, dyslipidemia, obstructive sleep apnea, and chronic shoulder pain status post earlier shoulder surgery. Hydrochlorothiazide, Gaviscon, Colace, simethicone, gemfibrozil, dietary supplements, Amitiza, Prevacid, Flexeril, Voltaren gel, topical compounds, and a Thera-tramadol compound were endorsed. The applicant's work status was not clearly detailed on this occasion, although it did not appear that the applicant was working with previously imposed permanent work restrictions. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Theratramadol #90 DOS 11/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for Thera-tramadol, an amalgam of Theramine, a dietary supplement, and tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to have any favorable outcomes in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Since the Theramine component of the Thera-tramadol amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.

Retrospective request for Theramine #90, DOS 11/12/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for Theramine was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful outcomes in the treatment of the same. Here, as with the preceding request, the attending provider failed to furnish any compelling or cogent applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Retrospective request for Tramadol #160 50mg, DOS 11/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with previously imposed permanent work restrictions. The attending provider's November 12, 2014 progress note did not include any discussion of medication selection or medication efficacy. Therefore, the request was not medically necessary.