

Case Number:	CM15-0104664		
Date Assigned:	06/09/2015	Date of Injury:	09/22/2003
Decision Date:	07/16/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/01/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 22, 2003. In a Utilization Review report dated May 16, 2015, the claims administrator failed to approve requests for Flexeril, Theramine, and Sentra. The claims administrator referenced a May 8, 2015 RFA form and associated progress note of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of low back pain. The attending provider posited that the applicant was working as a part-time contractor as of this point in time. The attending provider stated that the applicant was using Norco at a rate of twice daily and was able to tolerate his work with medications. The applicant was able to do various forms of work, including painting jobs, electrical jobs, and the like. 4-5/10 pain complaints were noted. The applicant was given refills of Norco, Neurontin, ketoprofen containing cream, and Theramine, a dietary supplement. The applicant was also asked to continue on H-Wave device. The applicant was asked to employ Flexeril and Lidoderm patches. On February 24, 2015, the applicant was again given refills of and/or asked to continue Norco, Neurontin, Theramine, Flexeril, and Lidoderm patches. The applicant was apparently working on a part-time basis at this point. The note was difficult to follow as it mingled historical issues with current issues. Home exercises were suggested. On April 15, 2015, multiple dietary supplements, including Sentra AM, Sentra PM, and Theramine were endorsed. The applicant was asked to continue Norco, Neurontin, Flexeril, and Lidoderm patches. Once again, it was suggested that the applicant was working on a part-time basis as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flexeril 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of Flexeril at issue represents daily usage, i.e., usage in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 Prescription of Theramine #180: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 926.

Decision rationale: Similarly, the request for Theramine, a dietary supplement, was likewise 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 on page 926 that dietary supplements such as Theramine are "not recommended" in the chronic pain context present here as they have not been shown to produce meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider did fail to furnish a compelling rationale for introduction, selection, and/or ongoing usage of Theramine in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

1 Prescription of Sentra AM #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 Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 926.

Decision rationale: Similarly, the request for Sentra AM, another dietary supplement, was likewise 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 on page 926 that dietary supplements such as Sentra AM are "not recommended" in the chronic pain context as there is "no evidence of their efficacy." Here, the attending provider failed to furnish a compelling rationale and/or medical evidence to support usage of Sentra, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

1 Prescription of Sentra 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 Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 926.

Decision rationale: Finally, the request for Sentra PM, another dietary supplement, was likewise 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 on page 926 that dietary supplements such as Sentra PM are "not recommended" in the treatment of chronic pain as there is "no evidence of their efficacy." Here, as with the preceding request (s), the attending provider failed to furnish a compelling rationale or medical evidence so as to support provision of Sentra in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.