

Case Number:	CM15-0143639		
Date Assigned:	08/04/2015	Date of Injury:	05/30/1997
Decision Date:	09/09/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of May 30, 1997. In a Utilization Review report dated July 11, 2015, the claims administrator failed to approve requests for several dietary supplements including Gabapentin, Lyrica, and Therabenzaprine. The claims administrator referenced an RFA form received on June 12, 2015 in its determination, along with a progress note of September 23, 2014 and July 1, 2014. The applicant's attorney subsequently appealed. In a January 23, 2015 progress note, the applicant was placed off of work, until the next office visit owing to total body pain, chronic fatigue, difficulty sleeping, neck pain, shoulder pain, upper arm pain, and low back pain. The applicant was asked to continue Lyrica and Nuvigil for purported fibromyalgia. On February 12, 2015, the applicant was given refills of Ultram and Prilosec. The applicant had multifocal pain complaints including neck and back pain as well as wrist pain status post left and right carpal tunnel release surgeries. The applicant had developed derivative psychological issues, it was reported. On June 19, 2015, the treating provider appealed the previous denied dietary supplements, including Gabapentin, Lyrica, and Therabenzaprine. The attending provider stated that Therabenzaprine was an amalgam of Theramine and cyclobenzaprine. It was stated that the applicant was using the Therabenzaprine amalgam approximately once to thrice daily. The attending provider stated that these dietary supplements were being employed for the applicant's chronic pain issues associated with fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 9/29/14) 3 boxes Gabitidine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health system, GERD.

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 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain.

Decision rationale: No, the request for Gabitidine, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. 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) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Gabitidine are "not recommended" in the chronic pain context present here as there is "no evidence of their efficacy." Here, the attending provider failed to furnish a clear or compelling rationale for provision of this dietary supplement in the face of the unfavorable ACOEM position on the same in the chronic pain context present here. Therefore, the request was not medically necessary.

Retrospective (dos 9/29/14) 3 boxes 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, 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 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain.

Decision rationale: Similarly, the request for Sentra, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. 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) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements such as Sentra are

not recommended in the chronic pain context as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable ACOEM position on the same. The applicant's failure to return to work, the applicant's continuing to remain off of work, on total temporary disability, and the applicant's continued dependence on opioid agents such as tramadol, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Sentra. Therefore, the request was not medically necessary.

Retrospective (dos 9/29/14) 3 boxes Therabenzaprine-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, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926
Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain.

Decision rationale: Finally, the request for Therabenzaprine, an amalgam of Theramine, a dietary supplement, and cyclobenzaprine, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Theramine, one of the ingredients in the amalgam. 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) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the chronic pain context present here, as there is "no evidence of efficacy." Similarly, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines notes that 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 tramadol, Nuvigil, Lyrica, etc. The attending provider also indicated on June 19, 2015 that he intended for the applicant to use the cyclobenzaprine-containing Therazaprine amalgam up to twice daily. Such usage, however, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Since both the Theramine and cyclobenzaprine components of the amalgam were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.