

<b>Case Number:</b>	CM15-0166395		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, Michigan

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 injured worker is a 47 year old male, who sustained an industrial injury on January 21, 2009. He reported neck pain, upper, mid and low back pain and bilateral shoulder pain. The injured worker was diagnosed as having history of cervical spine disc herniation with radiculopathy, thoracic spine myofascial pain syndrome, history of lumbar spine disc herniation with radiculopathy, bilateral shoulder sprain/strain, bilateral shoulder tendinitis, impingement, right greater than left, sleep disruptions secondary to pain and situational depression. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker continues to report neck pain, upper, mid and low back pain and bilateral shoulder pain with associated sleep difficulties and situational depression. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 16, 2015, revealed continued pain as noted. He rated his pain at 8- 9 out of 10 with 10 being the worst. Evaluation on June 8, 2015, revealed continued pain as noted. He rated his pain at 8-9 on a 1-10 scale with 10 being the worst. It was noted he failed recent acupuncture therapy gaining only minor temporary relief. Evaluation on July 8, 2015, revealed continued pain as noted. He rated his pain at 7-8 on a 1-10 scale with 10 being the worst. He noted the left shoulder pain had increased since the last visit. It was noted he had failed physical therapy and acupuncture treatments. Compound Rx 180 Gram Flurbiprofen 20 Percent Lidocaine 5 Percent Amitriptyline 5 Percent, Hypnotherapy 1x6 (Lumbar), Theramine #90 and Ultram 50 MG #60 were requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Rx 180 Gram Flurbiporfen 20 Percent Lidocaine 5 Percent Amitriptyline 5 Percent:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the California (CA) MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CA MTUS notes topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. In this case it is not indicated that the injured worker had failed first line therapies. The request for Compound Rx 180 Gram Flurbiporfen 20 Percent Lidocaine 5 Percent Amitriptyline 5 Percent is not medically necessary.

**Theramine #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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Theramine.

**Decision rationale:** The MTUS did not address the use of Theramine, therefore other guidelines were consulted. Per the ODG, Theramine is "not recommended for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain." However, there are no adequate studies to validate the use of this medication in chronic pain therefore based on the guidelines the request for Theramine is not medically necessary.

**Ultram 50 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the California (CA) MTUS Guidelines Ultram is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was not indicated in the documentation when use of the prescribed opioid medication was initiated or if it decreased the level of pain the injured worker reported from one visit to the next. The request for Ultram 50 MG #60 is not medically necessary.

**Hypnotherapy 1x6 (Lumbar):** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / hypnosis.

**Decision rationale:** The MTUS/ ACOEM did not address the use of hypnotherapy, therefore other guidelines were consulted. Per the ODG, hypnosis is "recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. (Grndahl, 2008) This pilot study indicated that a brief, 4-session standardized self-hypnosis protocol, combined with psycho-education, significantly and substantially reduced pain intensity. (Tan, 2010) The findings of this trial supported greater benefits effects from self-hypnosis training compared to cognitive training on average pain intensity, but the combined hypnosis-cognitive restructuring intervention appeared to have beneficial effects greater than the effects of either cognitive restructuring or hypnosis alone. (Jensen, 2011) ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)." A trial of hypnotherapy appears appropriate in this injured worker who has failed multiple conservative options including acupuncture and physical therapy, therefore the request for Hypnotherapy 1x6 (Lumbar) is medically necessary.