

Case Number:	CM15-0168731		
Date Assigned:	09/09/2015	Date of Injury:	10/31/2013
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 36-year-old female, who sustained an industrial injury on 10-31-13. The injured worker has complaints of occasional bilateral wrist and hand pain. The documentation noted on 2-10-15 right wrist range of motion flexion 40 degrees, extension 40 degrees, radial deviation 15 degrees, and ulnar deviation 25 degrees. Left wrist range of motion flexion is 40 degrees, extension 40 degrees, radial deviation 15 degrees, and ulnar deviation 20 degrees. There is tenderness to palpation in the carpal segments bilaterally. The sensory examination reveals decreased sensation to light touch along the C6 to C8 nerve root distribution along the right upper extremity. The documentation on 2-10-15 noted that he injured workers pain level without medications is 9 out 10 and decreases to 4-5 out of 10 with the use of medications. The diagnoses have included right wrist carpal tunnel syndrome. Treatment to date has included wrist braces at night; physical therapy; home exercise program; transcutaneous electrical nerve stimulation unit; left wrist surgery on 2-4-14 and norco. The original utilization review (8-24-15) non-certified the request for norco 10-325mg #60; terocin patch #20; theramine #180; urine drug screen, quantity: 1 and retrospective request for urine drug screen, quantity: 1, date of service: 08-05-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 10/325mg #60 is medically necessary.

Terocin patch #20: 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: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patch #20 is not medically necessary.

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 (ODG), Pain Procedure Summary Online Version last updated 07/15/2015 Theramine.

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), Medical food.

Decision rationale: Theramine is a Food and Drug Administration regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Theramine is thought to promote the production of the neurotransmitters that help manage and improve the sensory response to pain and inflammation. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a

physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Theramine #180 is not medically necessary.

Urine drug screen, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary, Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen, quantity: 1 is not medically necessary.

Retrospective request for urine drug screen, quantity: 1, date of service: 08/05/2015:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary, Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retrospective request for urine drug screen, quantity: 1, date of service: 08/05/2015 is not medically necessary.