

Case Number:	CM15-0169910		
Date Assigned:	09/10/2015	Date of Injury:	08/05/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on 8-05-2014. Diagnoses include cervical sprain-strain, lumbar disc protrusion, lumbar spinal stenosis, lumbar spondylosis, right wrist sprain-strain and depression. Treatment to date has included conservative measures including diagnostics, medications, chiropractic and physiotherapy. Per the Primary Treating Physician's Progress Report dated 6-22-2015, the injured worker reported 8 out of 10 lower back pain, 4 out of 10 neck pain and 2 out of 10 left knee pain. She reports that she underwent an orthopedic spine evaluation and was prescribed Norco with which her pain is well controlled but she now reports constipation. Objective findings included cervical range of motion: flexion 45 degrees, extension 50 degrees, right and left lateral flexion 30 degrees, and right and left rotation 65 degrees. Right wrist range of motion: flexion and extension 45 degrees, radial deviation 15 degrees, and ulnar deviation 25 degrees. Lumbar range of motion: flexion 40 degrees, extension 10 degrees, and right and left lateral flexion 10 degrees with tenderness to palpation along the lumbar spine and a positive straight leg raise on the left. Per the medical records dated 12-15-2014 to 6-22-2015, there was no documentation of an increase in activities of daily living or decrease in pain level. Work status was temporarily totally disabled. The plan of care included medications and authorization was requested on 7-24-2015 for Oxycodone 10mg #60, Theramine #90, AppTrim #120 and B12 injection #1. On 7-30-2015, Utilization Review modified a request for Oxycodone 10mg #60 and non-certified a request for Theramine #90 (DOS 6-22-2015), AppTrim #120 (DOS 6-22-2015), and B12 injection #1 (DOS 6-22-2015) due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg Qty: 60.00: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar disc protrusion; lumbar spinal stenosis; lumbar spondylosis; right wrist sprain strain; and depression. Date of injury is August 5, 2014. Request for authorization is July 24, 2015. According to a July 22, 2015 progress note, subjectively the injured worker had neck pain 4/10, low back pain 8/10, knee pain and depression. Current medications included Norco that controlled the injured worker's pain, but caused constipation. Objectively, there was decreased range of motion of the cervical spine and lumbar spine with tenderness palpation of the lumbar spine. The treating provider prescribed a new prescription for oxycodone 10 mg. There is no clinical indication or rationale for oxycodone while Norco provided adequate pain control (despite constipation). There is no documentation demonstrating objective functional improvement with ongoing Norco. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, well controlled pain with ongoing Norco, no clinical indication or rationale for changing Norco to oxycodone and no detailed pain assessments or risk assessments, Oxycodone 10 mg #60 is not medically necessary.

(Retrospective DOS 6/22/15) Theramine Qty: 90.00: 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 - Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical foods.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective date of service June 22, 2015 Theramine #90 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. Theramine is a medical food. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar disc protrusion; lumbar spinal stenosis; lumbar spondylosis; right wrist sprain strain; and depression. Date of injury is August 5, 2014. Request for authorization is July 24, 2015. According to a July 22, 2015 progress note, subjectively the injured worker had neck pain 4/10, low back pain 8/10, knee pain and depression. Current medications included Norco that controlled the injured worker's pain, but caused constipation. Objectively, there was decreased range of motion of the cervical spine and lumbar spine with tenderness palpation of the lumbar spine. There is no clinical indication or rationale for Theramine (medical foods). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for medical foods and no clinical indication or rationale for medical foods, retrospective date of service June 22, 2015 Theramine #90 is not medically necessary.

(Retrospective DOS 6/22/15) AppTrim Qty: 120.00: 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 - Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical foods.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective date of service June 22, 2015 AppTrim #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. AppTrim is a medical food. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar disc protrusion; lumbar spinal stenosis; lumbar spondylosis; right wrist sprain strain; and depression. Date of injury is August 5, 2014. Request for authorization is July 24, 2015. According to a July 22, 2015 progress note, subjectively the injured worker had neck pain 4/10, low back pain 8/10, knee pain and depression. Current medications included Norco that controlled the injured worker's pain, but caused constipation. Objectively, there was decreased range of motion of the cervical spine and lumbar spine with tenderness palpation of the lumbar spine. There is no clinical indication for rationale for AppTrim (medical food). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for medical foods and no clinical indication or rationale for medical foods, retrospective date of service June 22, 2015 AppTrim #120 is not medically necessary.