

Case Number:	CM15-0182285		
Date Assigned:	09/23/2015	Date of Injury:	06/29/2012
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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 59 year old male, who sustained an industrial injury on June 29, 2012. The injured worker was diagnosed as having cervical radiculopathy, cervical disc protrusion, left shoulder osteoarthritis, left shoulder adhesive capsulitis, status post left shoulder surgery on December 12, 2013, and left elbow sprain and strain. Treatment and diagnostic studies to date has included physical therapy, laboratory studies, medication regimen, cardio-respiratory diagnostic testing, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the cervical spine, status post left shoulder manipulation under anesthesia and left shoulder intraarticular corticosteroid injection, home exercise program, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated June 09, 2015 the treating physician reports complaints of occasional pain to the neck with numbness and tingling, constant pain to the left shoulder, and occasional pain to the left elbow. Examination performed on June 09, 2015 was revealing for decreased range of motion to the cervical spine, left shoulder, and the left elbow. The progress note on June 09, 2015 did not include the injured worker's current medication regimen. On June 09, 2015 the injured worker's pain level to the neck and left upper extremity was rated a 3 out of 10, the pain level to the left shoulder was rated a 4 out of 10, and the pain level to the left elbow was rated a 2 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. In a progress note from April 14, 2015 the treating physician noted the prior prescriptions for Naproxen Sodium, multiple topical

compounded medications, Genicin capsules, and Somnicin Capsules. The progress note from March 18, 2015 included the prescriptions for the medical foods of Theramine, Sentra AM and PM, and GABAdone along with prescriptions for Genicin, Somnicin, and multiple compound medications. On March 18, 2015 the treating physician noted that the injured worker's pain level was 4 out of 10 without the use of his medication regimen and rated the pain level a 1 to 2 out of 10 with the use of his medication regimen. On July 24, 2015 the treating physician requested the medication foods of Theramine two tablets twice daily for a quantity of 90 for chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain and Trepadone two tablets twice daily for a quantity of 120 for pain and inflammation known to joint disorders. On August 18, 2015 the Utilization Review determined the retroactive requests for Theramine two tablets twice daily for a quantity 90 for pain and Trepadone two tablets twice daily for a quantity of 120 for pain to be non- approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Theramine 2 tablets, twice daily, for pain #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, Pain.

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 Theramine two tablets b.i.d. for pain #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. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical disc protrusion; left shoulder osteoarthritis; left shoulder adhesive capsulitis; status post left shoulder surgery; and left elbow sprain strain. The date of injury is June 29, 2012. Request for authorization is August 12, 2015. According to a June 9, 2015 progress note, subjective complaints include the pain radiates to the left upper extremity shoulder pain elbow pain. Treatment plan states Theramine is being prescribed for fibromyalgia and inflammation associated with joint pain. Medical foods are not recommended for chronic pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for chronic pain, retrospective Theramine two tablets b.i.d. for pain #90 is not medically necessary.

Retro Trepadone 2 tabletse twice daily for pain #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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 Trepadone two tablets b.i.d. for pain #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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical disc protrusion; left shoulder osteoarthritis; left shoulder adhesive capsulitis; status post left shoulder surgery; and left elbow sprain strain. The date of injury is June 29, 2012. Request for authorization is August 12, 2015. According to a June 9, 2015 progress note, subjective complaints include the pain radiates to the left upper extremity shoulder pain elbow pain. Treatment plan states Trepidone is being prescribed for fibromyalgia and inflammation associated with joint pain. Medical foods are not recommended for chronic pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for chronic pain, retrospective Trepadone two tablets b.i.d. for pain #120 is not medically necessary.