MAXIMUS Federal Services

Case Number:	CM15-0182949		
Date Assigned:	09/23/2015	Date of Injury:	10/27/2011
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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, California
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on October 27, 2011, incurring neck, and spine and right upper extremity injuries. She was diagnosed with cervical disc disease, cervical radiculopathy, and lateral epicondylitis of the right elbow. Treatment included oral steroids, pain medications, topical analgesic patches, splinting, acupuncture, physical therapy and home exercise program, anti-inflammatory drugs, ice treatment, three elbow surgeries in July 2012, January 2015 and April 2015, and activity restrictions with modifications. Currently, the injured worker complained of persistent right upper extremity burning pain radiating down into the arm. She noted decreased range of motion of the cervical spine with bilateral tenderness and increased muscle spasms. Cervical Magnetic Resonance Imaging performed on May 22, 2015 revealed disc osteophyte complex with facet hypertrophy and foraminal stenosis, and a Magnetic Resonance Imaging of the right elbow revealed post-operative thickening and lateral compartment osteoarthritis. Electromyography studies showed neuropathy. The treatment plan that was requested for authorization on September 17, 2015, included prescriptions for Lidocaine patches, quantity 30, and Theramine, quantity 90. On September 11, 2015, a request for prescriptions for Lidocaine patches and Theramine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patchces Qty: 30: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain. In this case has designated Lidoderm (containing Lidocaine) for orphan status, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine patches is not recommended. The claimant still required oral analgesics. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.

Theramine Qty: 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), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and medical foods pg.

Decision rationale: Theramine is a medical food containing a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. According to the ODG guidelines, it is not recommended. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency GABA is indicated for epilepsy, spasticity and tardive dyskenesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. In this case, the claimant was given the Theramine for NSAID absorption. There is poor evidence to support its use and no diagnoses to indicate the need. The use of Theramine is not medically necessary.