

<b>Case Number:</b>	CM15-0199786		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: North Carolina

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 60 year old male who sustained an industrial injury on 11-4-10. The injured worker reported pain in the neck, low back and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for cervical and lumbar radiculopathy, neck pain, chronic pain, myofascial syndrome and neuropathic pain. Medical records dated 9-25-15 indicate the injured workers average pain rated at 5 out of 10. Provider documentation dated 9-25-15 noted the work status as Retired. Treatment has included Trepadone since at least October of 2014, Theramine since at least October of 2014, Cymbalta since at least October of 2014, Lidoderm Patch since at least October of 2014, Anaprox since at least October of 2014, Oxycodone, electromyography (2014), and a bilateral hip magnetic resonance imaging (2014). Objective findings dated 9-25-15 were notable for "Patient is ambulating with a cane". The original utilization review (10-6-15) denied a request for Trepadone tablets (#120 month for 2 months) #240, Theramine tablets (#120 month for 2 months) #240 and Flurbiprofen 10% Diclofenac 10% Gabapentin 10% Lidocaine 5% 240g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trepadone tablets (#120/month for 2 months) #240: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient has no such documented diagnosis due to industrial incident. The criteria per the ODG have not been met and therefore the request is not medically necessary.

**Theramine tablets (#120/month for 2 months) #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient has no such documented diagnosis due to industrial incident. The criteria per the ODG have not been met and therefore the request is not medically necessary.

**Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% 240g:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin and Baclofen), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.