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| Case Number: | CM15-0035342 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 05/04/1995 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained a work related injury on 5/4/95. He suffered a back injury lifting a 5 gallon tub. The diagnoses have included degenerative disc disease and lumbar radiculopathy. Treatments to date have included lumbar spine surgery on 9/27/99, medications including Theramine and Lidocaine/Ketoprofen cream, and H-wave therapy. In the PR-2 dated the injured worker complains of flare-up of low back pain. He complains of decreased left leg pain. The requests are for Theramine and Relyyks patch with Lidocaine and Menthol. On 2/24/14, Utilization Review non-certified request for Theramine #90 and Relyyks patch with Lidocaine 4% and Menthol 5%, #30. The California MTUS, Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #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 - TWC, Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, page 136-137, on COMPLEMENTARY, ALTERNATIVE TREATMENTS, OR DIETARY SUPPLEMENTS.

Decision rationale: Per MTUS Treatment Guidelines, Theramine is classified as medical food containing products that are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The provider has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation as it relates to this patient's musculoskeletal injuries. The Theramine #90 is not medically necessary and appropriate.

Relyyks patch with Lidocaine 4%, Menthol 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Topical Relyyks containing Lidocaine and Menthol is requested. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Relyyks patch with Lidocaine 4%, Menthol 5% #30 is not medically necessary and appropriate.