

Case Number:	CM15-0052854		
Date Assigned:	03/26/2015	Date of Injury:	07/31/2009
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on 07/31/2009. Current diagnoses include lumbar radiculopathy and lumbago. Previous treatments included medication management. Report dated 03/02/2015 noted that the injured worker presented with complaints that included upper and lower back pain with radicular pain to toe, but meds helped. Pain level was rated as 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue cream Lidocaine patches, naproxyn, srix, and find work. Disputed treatments include Lidocaine patches and Theramine

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches #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 (1) Lidoderm (Lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for low back pain and lower extremity radicular symptoms. Medications are reported as helping. The claimant is currently looking for work. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

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, Medical Food; Theramine - Physician Therapeutics, Los Angeles, CA.

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

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for low back pain and lower extremity radicular symptoms. Medications are reported as helping. The claimant is currently looking for work. Theramine is a medical food from that is 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. Guidelines recommend against its use. The request is not medically necessary.