

Case Number:	CM15-0083451		
Date Assigned:	05/05/2015	Date of Injury:	07/26/2010
Decision Date:	09/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 58 year old female, who sustained an industrial injury on July 26, 2010. She reported low back pain. The injured worker was diagnosed as having lumbar radiculitis and stress secondary to pain. Treatment to date has included diagnostic studies, acupuncture, chiropractic care, physical therapy, medications and work restrictions. Currently, the injured worker complains of pain in the right wrist and low back pain radiating to the right lower extremity with associated tingling and numbness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 27, 2014, revealed continued pain as noted. She reported waking one time night to urinate but falling asleep fast. It was noted she had headaches but they were documented as not debilitating. Evaluation on January 20, 2015, revealed right wrist pain. She reported the pain as constant but not as severe as the back pain. Evaluation on March 16, 2015, revealed continued pain with associated symptoms. Medications for gastrointestinal distress, pain and sleep disturbances were ordered. Radiographic imaging of the right wrist and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90 capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The Genicin contains many compounds including glucosamine and inactive ingredients. The indications listed include treatment of arthritis. The records did not show that the patient was not diagnosed with a nutritional deficiency state or symptoms related to nutritional disorders. The patient is utilizing standard medications concurrently for the treatment of the symptoms related to chronic arthritic pain. The criterion for the use of Genicin #90 was not met and therefore is not medically necessary.

Somnicin #30 capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 9792.21 and Other Medical Treatment Guidelines Pain Chapter.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The Somnicin contains many compounds including Vitamin 6, melatonin and pyridoxine. The indications listed include treatment of insomnia and pain. The records did not show that the patient was diagnosed with a nutritional deficiency state or symptoms related to nutritional disorders. The patient is utilizing standard medications such as Lunesta concurrently for the treatment of the insomnia associated with chronic pain. The criteria for the use of Somnicin #30 was not met and is therefore not medically necessary.

Omperazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastritis. The

records indicate that the patient had subjective and objective findings consistent with NSAID - induced gastrointestinal disorders. The criteria for the use of omeprazole 20mg #60 have been met and therefore is medically necessary.

Lunesta 1mg #30: 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, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of hypnotics for the treatment of insomnia be limited to short term periods of less than 6 weeks. The chronic use of sleep medications can be associated with the development of habituation, dependency, tolerance, daytime somnolence and adverse interaction with other sedatives. The guidelines recommend that sleep hygiene measures and non medication management be exhausted before utilization of sleep medications. The records showed that the duration of utilization of Lunesta had exceeded the guidelines recommendation. The record did not show that the patient failed treatment with anticonvulsant and antidepressant medications that the guidelines recommend for chronic pain associated psychosomatic disorders. The criteria for the use of Lunesta 1mg #30 was not met and therefore is not medically necessary.

Flurbi NAP Cream-LA 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsants and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain. The records did not show that treatment with orally administered first line medications have failed. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Flurbi NAP - LA contains flurbiprofen 20% / lidocaine 5% / amitriptyline 4%. There is lack of guidelines or FDA support for the use of topical amitriptyline for the treatment of chronic musculoskeletal pain. The criteria for the use of Flurbi NAP cream - LA 180 gms was not met and therefore is not medically necessary.

Gabaclotram 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsants and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain. The records did not show that treatment with orally administered first line medications have failed. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Gabacyclotram cream contains gabapentin 10% / cyclobenzaprine 6% / Tramadol 10% in lidocaine base. There is lack of guidelines or FDA support for the use of topical gabapentin, cyclobenzaprine or Tramadol for the treatment of chronic musculoskeletal pain. The criteria for the use of Gabacyclotram 180gms was not met and therefore is not medically necessary.

Terocin 240ml: Capsaicin 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsants and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain. The records did not show that treatment with orally administered first line medications have failed. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Terocin product contains menthol 10% / lidocaine 2.5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines or FDA support for the use of topical menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin 240ml with capsaicin 0.025% was not met and therefore is 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 (ODG); Pain Chapter, medical food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The indications listed for the use of Theramine include the treatment of inflammatory arthritis pain. The records did not show that the patient was diagnosed with a nutritional deficiency state or symptoms related to nutritional

disorders. The patient is utilizing standard medications concurrently for the treatment of the symptoms related to chronic pain. The criterion for the use of Theramine #90 has not been met and therefore is not medically necessary.

Sentra AM #60: 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, medical food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The Sentra AM contains many compounds including the amino acid choline. The indications listed include the treatment of insomnia and tiredness. The records did not show that the patient was diagnosed with a nutritional deficiency state or symptoms related to nutritional disorders. The patient is utilizing standard medications concurrently for the treatment of the insomnia related to chronic pain. The criterion for the use of Sentra AM #60 was not met and therefore is not medically necessary.

Sentra PM #60: 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, medical food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The Sentra PM contains many compounds including choline, glutamate and tryptophan. The indications listed include the treatment of insomnia. The records did not show that the patient was diagnosed with a nutritional deficiency state or symptoms related to nutritional disorders. The patient is utilizing Lunesta concurrently for the treatment of insomnia. The criterion for the use of Sentra PM #60 was not met and therefore is not medically necessary.

Gabadone #60: 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, medical food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21.

Decision rationale: The CA MTUS guidelines did not address the use of medical food or supplements for the treatment of chronic pain syndrome. The ODG guidelines recommend that medical food and supplements can be utilized when there is documentation of nutrient deficiency or clinical symptoms indicating deficiency state. The lack of guidelines or FDA data supporting beneficial effects of compounded nutritional products. The indications were not listed in the records. The records did not show that the patient was diagnosed with a nutritional deficiency state or symptoms related to nutritional disorders. The patient is utilizing standard medications concurrently for the treatment of the symptoms related to chronic pain. The criterion for the use of Gabadone #60 was not met and therefore is not medically necessary.

MRI right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Pain Chapter Upper Extremity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of musculoskeletal disorders when clinical evaluations and standard radiological tests are inconclusive. MRI is beneficial in evaluation of neurological deficits and red flag conditions. The records did not show that the patient had deteriorating neurological deficit or musculoskeletal condition of the right hand. The criteria for the use of a MRI on the right hand were not met and therefore are not medically necessary.