

<b>Case Number:</b>	CM15-0088973		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Maryland

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

### 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 67 year old male, who sustained an industrial/work injury on 8/31/09. He reported initial complaints of neck, shoulder, upper extremity and back pain. The injured worker was diagnosed as having cervical spine radiculopathy, disc protrusion, degeneration; lumbar disc protrusion, spinal stenosis, radiculopathy, facet syndrome; and left shoulder tendinitis, full rotator cuff tear, osteoarthritis, bursitis; bilateral carpal tunnel syndrome. Treatment to date has included medication and diagnostics. MRI results were reported on 1/30/15 that demonstrated straightening of cervical lordosis with decreased range of motion in flexion and extension reflecting element of myospasms, grade 1 anterior listhesis of C6 over C7, disc desiccation at C5-6 to C7-T1, disc herniation at C5-C6. MRI of the left shoulder noted laterally down sloping, acromioclavicular joint osteoarthritis, supraspinatus full thickness tear, atrophy; infraspinatus tendinosis and atrophy; synovium effusion; subacromial/subdeltoid bursitis; subcortical cysts in the humeral head; and horizontal biceps tendinosis. Currently, the injured worker complains of constant neck pain rated 7/10 with radiation to the left upper extremity, constant lower back pain rated 8-9/10 with radiation to the right lower extremity, constant left shoulder pain rated 9/10, constant right wrist pain rated 6/10 with numbness and tingling, and left wrist pain rated 10/10 with pain radiation into the fingers and numbness and tingling. Per the primary physician's progress report (PR-2) on 3/19/15, examination revealed limited range of motion to the cervical spine, tenderness along the cervical spine and trapezius muscles bilaterally with spasms, tenderness along the left shoulder AC joint, limited left and right wrist range of motion. Phalen's and Tinel's sign are positive bilaterally with tenderness

over the carpal segments bilaterally; limitations in range of motion to the lumbar spine; and decreased sensation to C7 of the right upper extremity. Current plan of care included topical and oral medications. The requested treatments include Retrospective: Urine drug screen/report for DOS 2/19/2015, Retrospective: Terocin pain patch #20 for DOS 2/19/2015, Retrospective: Theramine #20 for DOS 2/19/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Urine drug screen/report for DOS 2/19/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** Retrospective: Urine drug screen/report for DOS 2/19/2015 is not medically necessary per the MTUS and the ODG. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. The documentation indicates that the patient had a urine drug screen in Dec. of 2014 without evidence of high risk behavior. The request for another urine drug screen/report DOS 2/19/15 is not medically necessary.

**Retrospective: Terocin pain patch #20 for DOS 2/19/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Menthol and Topical analgesics Page(s): 56 and 105 and 111, 112.

**Decision rationale:** Retrospective: Terocin pain patch #20 for DOS 2/19/2015 is not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains: Menthol 4%; Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form may be 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) and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is

recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of post-herpetic neuralgia in this patient Terocin patch is not medically necessary.

**Retrospective: Theramine #20 for DOS 2/19/2015: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Theramine and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

**Decision rationale:** Retrospective: Theramine #20 for DOS 2/19/2015 is not medically necessary per the updated ACOEM Guidelines, and the ODG. The ODG states that a medical food is “a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.” The ACOEM MTUS guidelines state that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The ODG states that Theramine is not recommended for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The documentation does not indicate a nutritional deficiency which would necessitate. Theramine therefore this request is not medically necessary.