

Case Number:	CM15-0231738		
Date Assigned:	12/07/2015	Date of Injury:	07/13/2005
Decision Date:	01/11/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52-year-old male, who sustained an industrial injury on July 13, 2005. The injured worker was currently diagnosed as having post-laminectomy syndrome lumbar region, spasm of muscle, long-term current use of medications, encounter for therapeutic drug monitoring, NSAID induced gastritis, and opioid related constipation. Treatment to date has included modified work, morphine pump implant, and medications. On October 30, 2015, the injured worker complained of left radicular symptoms. He reported increased tingling in the legs, more left than right, along with achy pain and numbness. He rated his pain as a 5 on a 1-10 pain scale. His muscle relaxant was noted to help reduce his chronic muscle spasms concentrated in his low back and around his pain pump. Notes stated that the combination of his medications and morphine pump allow him to walk for longer distances and be able to bend without "excruciating pain." On November 10, 2015, Utilization Review denied a request for Flexeril 7.5mg #30, lidocaine patches #30, and Theramine #90. A request for Prilosec 20mg #60, gabapentin 800mg #1200, Cymbalta 30mg #60, Docuprene 100mg #60, Butrans 20mcq #4, and one follow up in 4 weeks was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited MTUS guideline, Flexeril (cyclobenzaprine) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes from December 1, 2015, state the injured worker had stopped Flexeril, but according to notes, the Flexeril reduced chronic muscles spasms in the low back and around his pain pump. However, even if the injured worker had gained some benefit with Flexeril, it is not indicated for long-term use. Therefore, the request for Flexeril 7.5mg #30 is not medically necessary per the MTUS guidelines.

30 Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. Therefore, per the cited MTUS guidelines, the request for lidocaine patches #30 cannot be considered medically necessary and appropriate.

90 Theramine: Upheld

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

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

Decision rationale: Although the CA MTUS is silent concerning Theramine and medical foods, the cited ODG does not recommend it for the treatment of chronic pain. Per the ODG, 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%). According to the cited ODG, it is intended for use in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Although the injured

worker has chronic pain per the treating provider notes, the ODG clearly does not recommend Theramine for chronic pain. Therefore, the request for Theramine #90 is not medically necessary and appropriate.