

Case Number:	CM13-0034380		
Date Assigned:	12/06/2013	Date of Injury:	08/03/2009
Decision Date:	01/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old female who reported a work-related injury on 08/03/2009 due to carrying her lunch bag over her shoulder and work equipment on her hand when she twisted and noted pain in her lower back. X-ray of the lumbar spine noted mild spondylosis to L5-S1. The diagnosis was listed as sprain of lumbar region. The patient is status post permanent spinal cord stimulator placement on 04/10/2013. The patient has undergone psychotherapy, injections, and acupuncture

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazolamine, #180: 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 Carisoprodol Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Thermine

Decision rationale: Recent clinical documentation submitted for review stated the patient had been doing well with a spinal stimulator implant. Tenderness was noted over the left upper buttocks area, where the implant was. There was a noticeable scar. Her diagnoses were listed as

sprain of lumbar spine region, sprain of the neck, and status post spinal cord stimulator. The patient was to continue working without restrictions and medication was dispensed to the patient. The patient was noted to be taking Norco 7.5 mg #30 tablets, which would be tapered down to 5 mg #30. Prazolamine is a convenience pack which includes Theramine and carisoprodol. California Chronic Pain Medical Treatment Guidelines indicate that carisoprodol is not recommended, as this medication is not indicated for long-term use. Abuse of this medication has been noted for sedative and relaxant effects. In addition, Official Disability Guidelines indicate that Theramine is not recommended. Theramine is a medical food that consists of gamma-aminobutyric acid and choline bitartrate, L-arginine, and L-serine. Guidelines indicate that there is no high-quality peer-reviewed literature that suggests that GABA is indicated; and there is also no known medical need for choline supplementation. Furthermore, L-arginine is not indicated in current references for pain or inflammation. Given the above, the request for Prazolamine #180 is non-certified.

Theraprogen #240: 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 NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Theramine

Decision rationale: Recent clinical documentation submitted for review stated the patient presented with complaints of chronic pain in her lumbar spine. She was utilizing a spinal cord stimulator, which decreased her pain up to 60%. It was noted she was maintained on Norco 7.5 mg #30 tablets, which were being tapered down to 5 gm #30 tablets. Minimum spasm and tenderness was observed in the paravertebral muscles of the lumbar spine, with decreased range of motion on flexion and extension. The impression was noted as lumbar sprain/strain, lumbosacral radiculopathy, and status post permanent spinal cord stimulator implantation. Theraprogen consists of Theramine and ibuprofen. California Chronic Pain Medical Treatment Guidelines recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. Furthermore, Official Disability Guidelines state that Theramine is not recommended. Theramine contains GABA, choline, L-arginine, and L-serine. Guidelines indicate that there is no high-quality, peer-reviewed literature to suggest that GABA is indicated. Guidelines also state there is no known medical need for choline supplementation, and L-arginine is not indicated in current references for pain or inflammation. Furthermore, there is no indication for the use of L-serine. Until there are higher-quality studies of the ingredients in Theramine, guidelines indicate that it is not recommended. As such, the request for Theraprogen #240 is non-certified.