

<b>Case Number:</b>	CM14-0114823		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/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 33-year-old female who was injured on August 27, 2009. The patient continued to experience low back pain. Physical examination was notable for normal vital signs. There is no documentation of neurological examination. Diagnoses included lumbar radiculopathy, chronic pain syndrome, and myofascial pain. Treatment included epidural steroid injections, medications, chiropractic therapy, massage therapy, and physical therapy. Requests for authorization for urine drug screen, cardiac clearance blood work: hemoglobin/hematocrit, chiropractic manipulative treatment # 1, nucynta tablets, 75mg, #15, and theramine #120, and FluoroFlex 240 gm # 1 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case this results of urine drug testing performed on February and March of 2014 showed expected results. There is no documentation of aberrant/addictive behavior. Medical necessity has not been established. The request should not be authorized.

**Cardiac Clearance blood work: Hemoglobin Hematocrit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Preoperative medical evaluation of the healthy patient

**Decision rationale:** The overall risk of surgery is low in healthy individuals. Preoperative tests usually lead to false-positive results, unnecessary costs, and a potential delay of surgery. Preoperative tests should not be performed unless there is a clear clinical indication. A simple screening questionnaire can be helpful in the preoperative evaluation. Important potential risk factors to discuss with the patient include age, exercise capacity, alcohol, smoking, illicit drug use, and medication use. Obesity is not a risk factor for most major adverse postoperative outcomes in patients undergoing noncardiac surgery, with the exception of thromboembolic events. Clinicians should also inquire about personal or family history of complications from anesthesia and screen for symptoms of obstructive sleep apnea. Routine preoperative laboratory tests have not been shown to improve patient outcomes among healthy patients undergoing surgery. In addition, routine testing in healthy patients has poor predictive value, leading to false-positive test results and/or increased medicolegal risk for not following up on abnormal test results. Medical necessity has not been established. The request should not be authorized.

**Chiropractic manipulative treatment QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

**Decision rationale:** Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate

progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has been receiving chiropractic therapy. There is no documentation of therapy goals, number of sessions received or objective evidence of functional gain. The request should not be authorized.

**Nucynta Tablets 75mg QTY: 15.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** MTUS does not comment on Nucynta. Nucynta is tapentadol, a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonist and norepinephrine reuptake inhibition. Nucynta was made a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Nucynta may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. Nucynta is recommended as a second line therapy when patients develop intolerable adverse effects to first line opioids. In this case there is no documentation that the patient has been experienced intolerable side effects from the use of recommended first-line opioids. Medical necessity has not been established. The request should not be authorized.

**Theramine QTY: 120.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Medical Fee Schedule

**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, MEDICAL FOOD

**Decision rationale:** Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, 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. Medical Food is a food which is formulated to be consumed or administered enterally 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. GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no documentation that any of these conditions is present in the patient. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). There is no indication for the use of serine. Arginine is not indicated in current references for pain or inflammation. Theramine is not recommended under ODG. The request should not be authorized.

**Fluoroflex Ointment 240grams QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wikipedia, Polytetrafluoroethylene

**Decision rationale:** Fluoroflex is polytetrafluoroethylene. It is used as a topical application, to prevent and relieve friction-induced blisters. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. In this case there is no evidence to support the use of fluoroflex as a topical treatment. The request should not be authorized.