

Case Number:	CM14-0120122		
Date Assigned:	08/06/2014	Date of Injury:	09/23/2006
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 60-year-old male who has submitted a claim for sprain thoracic region associated with an industrial injury date of September 23, 2006. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of lower abdominal, groin and low back pain. Patient reported pain level of 5/10 on the average, pain level of 8/10 without his pain medications and pain level of 3/10 with medications. Examination revealed severe muscle spasm with fibromuscular nodules over the left and right posterior/superior iliac crest, pain and spasm in the left gluteal region, tenderness of the left sacrum and coccyx, decreased thoracolumbar range of flexion and extension, positive Fabere's and Gaenslen's, and weak left quadriceps and left foot extensors. Treatment to date has included medications such as Norco, transdermal marijuana and. According to the progress notes, patient was tapering his Norco however he had been taking additional medication due to setback with acute severe pain in his groin. The dosage of Marijuana was unknown due to it being taken as a home-made concoction. Utilization review from July 16, 2014 denied the request for Urine drug screen, 1 Prescription of Idrasil 25mg #30 with 1 refill and 1 Prescription of Trepadone #120 with 1 refill. The request for a urine drug screen was denied because he had been approved for at least two urine drug screens in 2014 and had since then begun tapering from his prescription opioid medication. The request for Idrasil was denied because the guidelines state that cannabinoids are not recommended. The request for Trepadone was denied because its content, L-arginine is specifically cited in the guidelines as being not indicated for pain or inflammation.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing.

Decision rationale: As stated on page 94 of the MTUS Chronic Pain Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. In this case, urine drug screen was requested because the patient was taking opioids. However, the patient had been approved for at least two urine drug screens already in 2014 and had begun tapering his opioid medications. Since tapering had been started already, no further testing of this type is required since it will not impact the course of care as it relates to the prescribed medications. Moreover, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. There was also no suspicion of substance misuse from the physician. The patient needs only one urine drug screen. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

1 Prescription of Idrasil 25mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://idrasilrx.com/>.

Decision rationale: According to page 28 of the MTUS Chronic Pain Guidelines, cannabinoids are not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. In this case, the patient was prescribed Idrasil, which according to its website, is a medical cannabis. There is no discussion concerning need to provide cannabis in this case. The medical necessity cannot be established due to insufficient information. As such, the request is not medically necessary and appropriate.

1 Prescription of Trepadone #120 1ith 1 refill: Upheld

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

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

Decision rationale: Treadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and GABA. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. In this case, the patient was prescribed Treadone to address pain, inflammation and joint health. Based from the data presented above, it is unclear how the patient will benefit from this medication. There is no guideline evidence to support the use of Treadone. As such, the request is not medically necessary and appropriate.