

Case Number:	CM14-0121388		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2010
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 54-year-old female with a reported injury on 06/10/2010. The mechanism of injury was continuous trauma. The injured worker's diagnoses included status post lumbar spine decompression/failed lumbar surgery; radiculopathy (left lower extremity, L4 nerve root distribution); cervical strain; degenerative disc disease of the cervical spine; right shoulder impingement syndrome (compensatory from left shoulder, resolved); status post left shoulder arthroscopy with subacromial decompression and AC joint resection; left shoulder tendinitis; status post bilateral upper extremities surgery; rule out gastritis; headaches; and depression. The injured worker's past treatments have included medications, a TENS unit, physical therapy pre and post surgery, lumbar epidural steroid injections, and a functional restoration program. The injured worker's previous diagnostic testing included a lumbar spine MRI on 02/05/2014. The injured worker's surgical history included 5 wrist surgeries; bilateral bunionectomy; right shoulder surgery; left shoulder surgery in 2009; and on 05/29/2013, a bilateral L4-5 and L5-S1 laminoforaminotomy, bilateral L4-5 and L5-S1 microdiscectomy with neurolysis and nerve decompression throughout the foramen. The injured worker was evaluated on 05/23/2014 for her complaints of numbness down the left lower extremity to L4 nerve root distribution. The clinician observed and reported a focused examination of the cervical spine revealed a negative Spurling's test, positive tenderness and muscle spasm over the paracervical musculature, motor testing measured at 5/5 to all muscle groups of the upper extremities, and the neurovascular status was intact. The range of motion of the cervical spine was measured at normal flexion, normal extension, normal lateral bend, and normal rotation. The reflexes were measured at 2+ to bilateral upper extremities. The focused physical examination of the lumbar/thoracic spine revealed a well healed scar; her gait was within normal limits; there was normal lordotic curvature. There was positive tenderness in the right paralumbar musculature.

There were muscle spasms in the paralumbar musculature. Motor testing was measured at 5/5 to all muscle groups of the lower extremities. The injured worker was unable to toe/heel walk. Deep tendon reflexes were measured at 2+ to the bilateral lower extremities. The range of motion was normal. There was diminished sensation along the L4 and L5 dermatomal pathways of the left lower extremity. Also of note, there was positive tenderness over the anterior aspect of the left shoulder. The injured worker also complained of pain with external rotation of the left hip. The clinician's treatment plan was to request authorization for a lumbar spine fusion and a course of aquatic therapy. The injured worker's medications included omeprazole 20 mg, diclofenac XR 100 mg, and tramadol ER 150 mg. The requests were for Trepadone #120, Sentra AM #60, and Theramine #90. No rationale for this request was provide. The Request for Authorization forms were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone #120: 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): Pain - 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, Medical Food.

Decision rationale: The request for Trepadone #120 is not medically necessary. The injured worker continued to complain of numbness down the left lower extremity to the L4 nerve root distribution. The Official Disability Guidelines do not recommend medical foods for chronic pain. Medical foods are not recommended for the treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The request did not include a frequency of dosing. Therefore, the request for Trepadone #120 is not medically necessary.

Sentra AM #60: 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): Pain - 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, Medical Food.

Decision rationale: The request Sentra AM #60 is not medically necessary. The injured worker continued to complain of numbness down the left lower extremity to the L4 nerve root distribution. The Official Disability Guidelines do not recommend medical foods for chronic

pain. Medical foods are not recommended for the treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Additionally, the request did not include a frequency of dosing. Therefore, the request for Sentra AM #60 is not medically necessary.

Theramine #90: 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): Pain - 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, Theramine.

Decision rationale: The request for Theramine #90 is not medically necessary. The injured worker continued to complain of numbness down the left lower extremity to the L4 nerve root distribution. The Official Disability Guidelines do not recommend Theramine for the treatment of chronic pain. Additionally, the request did not include a frequency of dosing. Therefore, the request for Theramine #90 is not medically necessary.