

Case Number:	CM14-0140835		
Date Assigned:	09/10/2014	Date of Injury:	11/04/2009
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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:

Medical records from 12/07/2010 to 08/21/2014 were reviewed and showed that patient complained of low back pain graded 4-6/10. There was no complaint of intolerance to oral opioids. Physical examination revealed muscle tension over lumbar paraspinal muscles and decreased ROM. MRI of the lumbar spine dated 01/25/2010 revealed L4-5 and L5-S1 right lateral recess and proximal foraminal stenosis. 4 urine drug tests from 01/2014 to 06/19/2014 were all consistent with prescribed medications. Of note, the patient was previously diagnosed with Major Depressive Disorder and Post-Traumatic Stress Disorder. Treatment to date has included right sacroiliac injection (03/09/2010), L4-5 and L5-S1 facet block (04/09/2010), physical therapy, Trepadone #120 (prescribed since 02/21/2014), Ketofen, Tramadol, Flexeril, Gabadone #60 (prescribed since 07/15/2014), Nucynta 75mg #15 (prescribed since 07/15/2014), Theramine #120 (prescribed since 07/15/2014). Of note, there was pain scale grade reduction from 6 to 4 with oral medications. However, it was not specified as to which medications provided pain relief. There was no documentation of sleep improvement with Gabadone as well. Utilization review dated 08/05/2014 denied the request for Theramine #120 and Gabadone #60 because these medications were not recommended by the guidelines. Utilization review dated 08/05/2014 denied the request for Nucynta 75mg #15 because there was no documentation of adverse effects with first-line treatment. Utilization review dated 08/05/2014 denied the request for urine drug screen because 4 urine drug screens have already been done with no evidence of aberrant drug behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60 - Unspecified dosage: 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 Official Disability Guidelines (ODG) Pain chapter, GABAdone

Decision rationale: The MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the ODG was used instead. The Official Disability Guidelines also state that Gabadone is not recommended as it is a medical food. It is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patient who are experiencing anxiety related to sleep disorders. In this case, the patient was prescribed Gabadone #60 since 07/15/2014. However, there was no documentation of sleep improvement with Gabadone. Moreover, the guidelines do not recommend the use of Gabadone. The request likewise failed to specify the dosage of Gabadone to be dispensed. Therefore, the request for Gabadone #60 - Unspecified dosage is not medically necessary.

Urine Drug Screen: 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 Opioids, Opioids, tools for risk stratification & monitoring Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing

Decision rationale: As stated on page 94 of MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient was previously diagnosed with major depressive disorder and post-traumatic stress disorder which supports the need for urine drug screen. However, 4 urine drug screens were already done from 01/2014 to 06/19/2014 with the results being consistent with prescribed medications. The guidelines only allow a maximum urine drug screening of 2 to 3 times per year. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for urine drug screen is not medically necessary.

Nucynta 75mg #15: 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 Official Disability Guidelines (ODG) Pain, Nucynta

Decision rationale: The MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. 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. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, the patient was prescribed Nucynta 75mg #15 since 07/15/2014. There was documentation of pain relief with oral pain medications. However, there was no documentation of intolerance to oral opioids. The guidelines only recommend the use of Nucynta for patients who are intolerant to opioids. Therefore, the request for Nucynta 75mg #15 is not medically necessary.

Theramine #120 - Unspecified dosage: 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 Official Disability Guidelines (ODG) Pain, Theramine

Decision rationale: The MTUS does not address the topic on Theramine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines was used instead. ODG states that Theramine is not recommended. There is no high quality peer-reviewed literature that suggests that GABA is indicated. There is no known medical need for choline supplementation. L-Arginine and L-Serine are not indicated in current references for pain or inflammation. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. In this case, the patient was prescribed Theramine #120 since 07/15/2014. There was reported pain relief with oral medications. However, the guidelines do not recommend the use of Theramine. The request likewise did not indicate the dosage of Theramine to be dispensed. Therefore, the request for Theramine #120 - Unspecified dosage is not medically necessary.