

<b>Case Number:</b>	CM14-0143015		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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, has a subspecialty in Interventional Spine 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 49 year old female with an injury date of 09/25/12. The 08/22/14 treatment report by [REDACTED] states that the patient presents with ongoing aching stabbing pain in the neck, upper back and bilateral shoulders rated 8/10. She has pins and needles sensation in the bilateral arms, hands and wrists. She also presents with aching lower back pain with bilateral leg pain rated 8/10 also with pins and needles sensation. The patient also presents with bilateral foot pain associated with cramping and spasms rated 8/10. The treating physician notes the patient is not working due to a new 07/19/14 injury. The examination reveals full shoulder motion is accompanied by trapezius tenderness and pain. The lumbar spine has tenderness to palpation from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature is slightly tight bilaterally and the buttocks are tender. The patient is unable to squat due to pain, and there is mid thoracic spine referral pain and tenderness. There is also mild sciatic stretch bilaterally, and the patient has some tenderness on stress of the pelvis which indicates mild sacroiliac joint symptomatology. The patient's diagnoses include: 1. C4-5 and C5-6 herniated nucleus pulposus 2. Thoracolumbar spinal sprain/strain syndrome 3. History of fibromyalgia 4. Lumbar spine discopathy Current medications are listed as Flexeril, Naproxen, Gabapentin and Norco. The utilization review being challenged is dated 08/22/14. Treatment reports were provided from 04/14/14 to 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Intramuscular injection of 2cc Kenalog and 1cc Depo Medrol: 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, Injections with analgesics and/or steroids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & thoracic (Acute & Chronic)Corticosteroids (oral/parenteral/IM for low back pain)

**Decision rationale:** The patient presents with neck, bilateral upper arm, and bilateral shoulder pain rated 8/10. She also presents with lower back and bilateral leg pain rated 8/10 and bilateral foot pain rated 8/10. The treater requests for Retrospective intramuscular injection of 2 cc Kenalog and 1 cc Depo Medrol. MTUS does not specifically discuss injections of this medication. ODG states the following regarding corticosteroids oral/parenteral/IM for low back pain), "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication." In this case the treating physician does not discuss the intended use or efficacy of this treatment in the documents provided. No body part is mentioned. Without discussion, therefore, the request cannot be considered. The request is not medically necessary.

**TGHot 240gm (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams chronic pain section, Non-steroidal antiinflammatory agents (NSAIDs), Lidocaine, C.

**Decision rationale:** The patient presents with neck, bilateral upper arm, and bilateral shoulder pain rated 8/10. She also presents with lower back and bilateral leg pain rated 8/10 and bilateral foot pain rated 8/10. The treating physician requests for TGHot 240 gm. (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) cream. The MTUS has the following regarding topical creams (p.111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not supported for topical formulation. MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.

**AppTrim; Two (2) capsules twice daily, Quantity 120, two (2) bottles: 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) - Medical Foods

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

**Decision rationale:** The patient presents with neck, bilateral upper arm, and bilateral shoulder pain rated 8/10. She also presents with lower back and bilateral leg pain rated 8/10 and bilateral foot pain rated 8/10. The treating physician requests for App Trim Two (2) capsules twice daily, Quantity 120, two (2) bottles. Product information for App Trim states it is a Medical Food formulated to meet the nutritional requirements of obese patients and to be used for specific dietary management of obesity. Please see <http://www.marvistahealthcenter.com/medicalfoods/AppTrimProductMonograph.pdf>. ODG guidelines state the following under the Pain (Chronic) chapter. "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes." In this case the treating physician does not discuss the efficacy or use of this medication. The reports provided do not discuss and there is no diagnosis of obesity. The request is not medically necessary.

**Theramine; Two (2) capsules in the morning, two (2) capsules in the evening, Quantity 90, two (2) bottles:** 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 Chapter, Theramine

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

**Decision rationale:** The patient presents with neck, bilateral upper arm, and bilateral shoulder pain rated 8/10. She also presents with lower back and bilateral leg pain rated 8/10 and bilateral foot pain rated 8/10. The treating physician requests for Theramine two (2) capsules in the morning, two (2) capsules in the evening, Quantity 90, two (2) bottles. ODG guidelines state the following about Theramine, "Not recommended for the treatment of chronic pain. Theramine is a medical food from [REDACTED], that is a proprietary blend of gamma-amino butyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. "Per the reports provided, the treating physician does not discuss the efficacy or use of this medication. Furthermore, it is not recommended per ODG above. Therefore, it is not medically necessary.