

Case Number:	CM14-0145343		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2012
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 06/22/2010 due to a fall on a wet floor, injuring her left knee and left elbow. The injured worker complained of left knee, left elbow, and low back pain. The prior diagnostics included an electromyogram of the lumbar region, with no evidence of active lumbar radiculopathy noted to the bilateral extremities. The nerve conduction velocity study revealed no evidence of peripheral neuropathy to the bilateral lower extremities. The MRI of the lumbar spine dated 08/08/2012 revealed moderate to severely degenerative disc space height at the L5-S1 and mild central canal stenosis at the L4-5 with a 3 mm posterior rightward protrusion indenting to the thecal sac. The MRI dated 07/23/2012 of the left knee revealed degenerative changes and narrowing at the medial compartment and possible cystic changes at the tibial plans. The prior treatments included physical therapy, Toradol injections, epidural steroid injections, and pain medications. The medications included KetoPro 20%, docusate, Theramine, Sentra PM, Omeprazole, Sentra AM, GABAdone, and Hydrocodone/APAP. The physical examination dated 07/08/2014 of the left elbow revealed a flexion of 140 degrees and extension of 140 degrees with pain on range of motion and tenderness over the elbow. Tinel's sign was negative over the left elbow. The examination of the lower back revealed antalgic gait favoring the left knee, normal posture, tenderness over the lumbar spinous process and intraspinal ligaments, no tenderness over the posterior superior iliac spine, noted positive for paravertebral muscle spasms. Flexion was 40 degrees and extension 20 degrees. Examination of the left knee revealed atrophy of the thigh with extension 0 degrees on the left and 120 degrees flexion. The patellofemoral motion revealed crepitation. Tenderness was localized over the left medial joint line along the patellar facet. Ligaments to the left knee were intact. McMurray's was negative. Treatment plan included medications. The Request for Authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78 Page(s): 75, 78.

Decision rationale: The request for Norco 10mg # 60 is not medically necessary. The California MTUS Guidelines recommend short acting opiates, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical notes did not indicate any efficacy of the Norco, nor did it address adverse side effects or aberrant drug taking behavior. No functional deficits provided. The request did not indicate a frequency. As such, the request is not medically necessary.

Colace 100mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Initiating Therapy, Page(s): 77.

Decision rationale: The request for Colace 100mg # 120 is not medically necessary. The California MTUS indicates that prophylactic treatment for constipation should be initiated when starting opiate therapy. The clinical notes did not indicate the injured worker had a history of constipation. The request did not indicate the frequency. As such, the request is not medically necessary.

Omeprazole 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS GI 69 Page(s): 69.

Decision rationale: The request for Omeprazole 20mg # 60 is not medically necessary. The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy. There has been a recommendation to measure the liver transaminases within 4 to 8 weeks after starting the therapy, but the interval of repeating

lab tests after the treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation did not indicate the injured worker had a peptic ulcer or gastrointestinal issues or has had any lab work performed. As such, the request is not medically necessary.

Terocin Patch # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 88,91,105. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for Terocin Patch # 20 is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option in the injured worker who has not responded to or is intolerant of other treatments. The guidelines do not recommend topical lidocaine in any other form other than Lidoderm. The request did not address the frequency or a dosage. The guidelines do not recommend the Terocin patch. As such, the request is not medically necessary.

Theramine # 90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 ODG) Pain, Medical Foods

Decision rationale: The request for Theramine # 90 not medically necessary. The Official Disability Guidelines recommend as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as 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. The product must be a food for oral or tube feeding; the documentation was not evident that the injured worker had a condition that requires tube or oral feeding. The request did not address the frequency or dosage. As such, the request is not medically necessary.

Sentra AM # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>

Decision rationale: The request for Sentra AM # 60 is not medically necessary. The California MTUS/ ACOEM or The Official Disability Guidelines do not address. Refer to [tomarvistahealthcenter.com](http://www.marvistahealthcenter.com) Sentra AM is a patented blend of neurotransmitters and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-L-carnitine, glutamate, and cocoa powder); polyphenolic antioxidants (grape-seed extract, hawthorn berry, cocoa powder); an amino acid uptake stimulator (gingko biloba); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). The request did not address the frequency or dosage. As such, the request is not medically necessary.

Sentra PM # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 ODG) Pain, Medical Foods

Decision rationale: The request for Sentra PM # 60 is not medically necessary. The California MTUS/ ACOEM do not address. The Official Disability Guidelines recommend as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as 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. The product must be a food for oral or tube feeding; the documentation was not evident that the injured worker had a condition that requires tube or oral feeding. The request did not address the frequency or dosage. As such, the request is not medically necessary.

Gabadone # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 ODG) Pain, Medical Foods

Decision rationale: The request for Gabadone # 60 is not medically necessary. The California MTUS/ ACOEM do not address. The Official Disability Guidelines recommend as indicated

below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as 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. The product must be a food for oral or tube feeding; the documentation was not evident that the injured worker had a condition that requires tube or oral feeding. The request did not address the frequency or dosage. As such, the request is not medically necessary.