

Case Number:	CM14-0094260		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2011
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 12/05/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 indicated diagnoses of lumbar radiculopathy, herniated lumbar disc, pain related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. The injured worker reported low back pain that radiated down the front of both legs. The injured worker reported the Percura seemed to be helping with the burning pain in her feet. The injured worker reported her pain level was 10/10. The injured worker's treatment plan included a request for urine drug screen, to continue medications, request a second opinion for spine surgery, to continue Theramine, and to return to the clinic in 3 weeks for reevaluation. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Metaxalone, Opana, Protonix, bupropion, Buspar, Duexis, Theramine, Xanax, Gabadone, Percura, Fioricet, and gabapentin/lidocaine/capsaicin/menthol/camphor. The provider submitted a request for GL Hot, Gaia herbs/herbal supplement, and Theramine medical foods. A Request for Authorization dated 05/21/2014 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GL Hot Ointment 240gms/topical analgesic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13-14, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The request for GL Hot Ointment 240gms/topical analgesic is not medically necessary. GL Hot contains (gabapentin 6%/Lidocaine 2%/capsaicin 0.375%/Menthol 0.5%/camphor 0.5%). The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, gabapentin is not recommended. Additionally, lidocaine is only recommended in the form of the dermal patch Lidoderm. No other creams nor forms are recommended for neuropathic pain. Moreover, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It was not indicated that the injured worker was not tolerant to other treatments. Additionally, capsaicin is recommended as 0.025% formulation. The formulation in the GL Hot ointment of 0.375% is excessive. Moreover, per the Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is a lack of documentation of efficacy and functional improvement with the use of this medication. The injured worker continues to report pain of 10/10. There is no indication that the use of GL Hot ointment has resulted in diminished pain levels or functional improvement. Furthermore, the request did not indicate a frequency or quantity for the GL Hot ointment. Therefore, the request is not medically necessary.

Gaia herbs/herbal supplement: 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 (Chronic), 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), Low Back, Herbal Medicine.

Decision rationale: The request for Gaia herbs/herbal supplement is not medically necessary. The Official Disability Guidelines state herbal medicines are for short-term treatments with certain herbal medicines (including Devil's claw and willow bark) are effective for relief of acute low back pain. It was not indicated how long the injured worker had been utilizing this medication. Moreover, the injured worker has reported her pain rated 10/10. There is no indication that the use of supplemental herbal Gaia herbs has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency, quantity, or dosage. Therefore, the request is not medically necessary.

Theramine/Medical Food #1250: 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 (Chronic), 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, Medical Food.

Decision rationale: The request for Theramine/medical food #1250 is not medically necessary. The Official Disability Guidelines state medical foods 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." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The injured worker reported pain of 10/10. There is no indication that the use of Theramine has resulted in diminished pain levels or functional improvement. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for oral tube feeding or dietary management of a specified medical disorder or disease or condition for which there are distinctive nutritional requirements. Additionally, the request did not indicate a frequency, quantity, or dosage. Therefore, the request is not medically necessary.