

<b>Case Number:</b>	CM14-0186492		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Georgia. 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 61-year-old female smoker who reported injuries due to a trip and fall on 06/08/2009. On 11/10/2014, her diagnoses included status post lumbar spine fusion in 09/2009, status post right carpal tunnel release x2, status post left carpal tunnel release, ganglion cyst removal of the left wrist, and lumbar spine radiculopathy. Her complaints included lumbar spine pain rated 8/10, radiating down both legs to the toes with associated numbness. She had requested Nucynta and was informed that the treating physician did not prescribe opioids. On 03/19/2014, her diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain insomnia, and myofascial syndrome. Her treatment plan included authorization for a urine drug screen, Nucynta 50 mg, Valium 10 mg, compounded ointment, Gabadone, Theramine, Trepadone, Toradol injection, and vitamin B12 injection. The urine drug screen was to assess medication compliance and identify possible drug diversion. The Gabadone was for insomnia. The Theramine was for neuropathic pain. The Trepadone was for inflammation, pain, and joint health. The Toradol injection was for an acute flareup, and the vitamin B12 was for nerve health. There was no rationale for the Nucynta or the Valium. A Request for Authorization dated 03/19/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology-Urine Drug Screen to assess medication compliance and identify possible drug diversion, lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for toxicology-urine drug screen to assess medication compliance and identify possible drug diversion, lower back is not medically necessary. The California MTUS Guidelines note that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had aberrant drug related behaviors. Drug screens submitted for review were consistent with her medications. Additionally, the request did not specify the medications to be included in the screening. Therefore, this request for toxicology-urine drug screen to assess medication compliance and identify possible drug diversion, lower back is not medically necessary.

**Nucynta 50mg, 1-2 p.o. q 6 hr.; #240 no refills:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Nucynta 50mg, 1-2 p.o. q 6 hr.; #240 no refills is not medically necessary. Per the California MTUS Guidelines, the ongoing management of patients taking opioid medications requires detailed documentation showing pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review failed to provide a detailed pain assessment showing objective evidence of efficacy in terms of quantifiable pain relief and functional improvement with the use of Nucynta. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation regarding failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants. For the above reasons, this request for Nucynta 50mg, 1-2 p.o. q 6 hr.; #240 no refills is not medically necessary.

**Valium 10mg, one tab p.o. q 6 hrs.; #120 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Valium 10mg, one tab p.o. q 6 hrs.; #120 no refills is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance occurs within weeks to months. Long term use may

actually increase anxiety. Chronic benzodiazepines are the treatment of choice in very few conditions. It was noted that this injured worker has been using this medication for greater than 6 months, which exceeds the recommendations in the guidelines. Therefore, this request for Valium 10mg, one tab p.o. q 6 hrs; #120 no refills is not medically necessary.

**Gabadone 2 p.o. q.h.s for insomnia; #60 no refills: 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 Gabadone 2 p.o. q.h.s for insomnia; #60 no refills is not medically necessary. Per the Official Disability Guidelines, a medical food is defined 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. 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 the specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) The product must be used under medical supervision. There are no specific nutritional requirements in the treatment of insomnia. The requested medical food does not meet the evidence based guidelines. Therefore, this request for Gabadone 2 p.o. q.h.s for insomnia; #60 no refills is not medically necessary.

**Theramine 2 p.o. bid for neuropathic pain; #120 no refills: 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) and McKesson InerQual Guidelines

**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 Theramine 2 p.o. bid for neuropathic pain; #120 no refills is not medically necessary. Per the Official Disability Guidelines, a medical food is defined 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. 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 the specific medical disorder, disease, or condition for

which there are distinctive nutritional requirements; (3) The product must be used under medical supervision. There are no specific nutritional requirements in the treatment of neuropathic pain. The requested medical food does not meet the evidence based guidelines. Therefore, this request for Theramine 2 p.o. bid for neuropathic pain; #120 no refills is not medically necessary.

**Trepadone 1 p.o. q 6 hrs. for inflammation, pain and joint health, #120 no refills:** 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) and McKesson InterQual Guidelines

**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 1 p.o. q 6 hrs., for inflammation, pain and joint health, #120 no refills is not medically necessary. Per the Official Disability Guidelines, a medical food is defined 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. 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 the specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) The product must be used under medical supervision. There are no specific nutritional requirements in the treatment of inflammation, pain and joint health. The requested medical food does not meet the evidence based guidelines. Therefore, this request for Trepadone 1 p.o. q 6 hrs. for inflammation, pain and joint health, #120 no refills is not medically necessary.

**Injection Toradol 60mg IM for acute pain flare-up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67-73.

**Decision rationale:** The request for injection Toradol 60mg IM for acute pain flare-up is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. Toradol is not indicated for minor or chronic painful conditions. There was no indication that this injured worker had a diagnosis of osteoarthritis. Additionally, the body part to be injected was not specified in the request. Therefore, this request for injection Toradol 60mg IM for acute pain flare-up is not medically necessary.

**Injection B12 2xx's IM for nerve health:** Upheld

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

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

**Decision rationale:** The request for Injection B12 2xx's IM for nerve health is not medically necessary. Per the Official Disability Guidelines, vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. Recent studies revealed that the evidence is insufficient to determine whether vitamin B is beneficial or harmful. The guidelines do not support the use of this therapy. Additionally, there was no dosage included in the request. Therefore, this request for Injection B12 2xx's IM for nerve health is not medically necessary.