

<b>Case Number:</b>	CM14-0214376		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and chronic pain syndrome reportedly associated with an industrial injury of August 8, 2002. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for Theramine, GABAdone, Prilosec, and lorazepam (Ativan). The claims administrator referenced progress notes of October 22, 2014 and September 24, 2014 in its determination. On September 18, 2014, the applicant reported persistent complaints of chronic pain and depression. The applicant was asked to continue Lexapro, Ativan, Prilosec, Theramine, GABAdone, Sentra, and Wellbutrin. The applicant's work status was not clearly stated. The applicant stated that she was not deriving appropriate analgesia from usage of tramadol. The applicant stated that she was in significant amounts of pain. The applicant stated that she was unable to function. It did not appear, in short, that the applicant was, in fact, working. In a medical-legal evaluation of November 9, 2009, it was noted that the applicant had a history of multiple prior lumbar spine surgeries and had developed derivative complaints of depression and anxiety in conjunction with the same. Ancillary complaints of neck and shoulder pain were evident. On April 24, 2012, the applicant was given refills of Effexor, Valium, Risperdal, Prilosec, tramadol, and GABAdone. The applicant's work status, once again, was not clearly outlined, although it did not appear that the applicant was working. On September 24, 2014, the applicant reported persistent complaints of neck and shoulder pain. The applicant was reportedly miserable. Low back pain was also appreciated. The applicant was not working, it was acknowledged. The applicant stated that tramadol and Neurontin helped. The applicant was

using a cane. The applicant was given trigger point injections. Electrodiagnostic testing of the upper extremities was sought. Permanent work restrictions were renewed. Medications were renewed, including Ultram.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Theramine #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines, dietary supplements such as Theramine are “not recommended” in the chronic pain context present here as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, the attending provider did not clearly outline any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

#### **Gabadone #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements

**Decision rationale:** The request for Gabadone, a dietary supplement, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Gabadone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Therefore, the request is not medically necessary.

#### **Prilosec 40mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach and NSAIDs, GI Symptoms, and Cardiovascular risks Page(s): 7 and.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider acknowledged that the applicant had been using Omeprazole for a span of several years, since 2012. Multiple progress notes, referenced above, contained no discussion of whether or not ongoing usage of Omeprazole was effectively attenuating the applicant's symptoms of dyspepsia. Therefore, the request is not medically necessary.

**Lorazepam 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate, for brief periods, in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant having any overwhelming symptoms of panic attacks, which would compel short-term usage of Lorazepam (Ativan). Furthermore, historical psychiatry progress notes, referenced above, suggested that the applicant has been using Ativan for a minimum of several years, since 2012. This is not an appropriate usage of Ativan, a benzodiazepine anxiolytic, per ACOEM. Therefore, the request is not medically necessary.