

Case Number:	CM14-0215590		
Date Assigned:	01/05/2015	Date of Injury:	02/08/2005
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Massachusetts

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 injured worker was injured on 2/8/05. According to recent clinic note from 10/23/14, the patient presents with lower back pain, bilateral leg pain, bilateral hip pain and difficulty sleeping due to pain. Diagnoses include lumbar radiculopathy, chronic pain syndrome, neuropathic pain, narcotic dependence, chronic pain related insomnia, neck pain, pain related anxiety. He also has difficulty with ADLs, anxiety and depression. The physical exam reveals that he has severe emotional and physical distress. Treatment plan states that the patient is dependent on multiple medications and is not a surgical candidate. He is getting very little relief from medications and is having significant side effect. Plan is referral for detoxification program, terocin patch (lidocaine/capsaicin) to neck and lower back and theramine twice daily for neuropathic pain. Initial NESP-r consult follow-up on 10/29/14, the injured worker states that his pain is 6/10 with terocin patches and 9/10 without. Stopped taking theramine due to itching. On exam he demonstrates severe emotion and physical distress. Assessment is that of lumbar radiculopathy, chronic pain syndrome, 11/24/14 follow-up by orthopaedic surgery the patient reports having suicidal thoughts, has a very sore neck and back and states he is awaiting detox. On physical exam there is spinal spasm and pain on palpation. Diagnoses include status post lumbar fusion, anxiety and depression. The utilization reviewer stated that detox program is not certified due to lack of "documentation of a condition/diagnosis for which detoxification is indicated (such as: intolerable side effects; lack of response, aberrant drug behaviors, lack of functional improvement), a clearly stated rationale identifying why the program is required, objective evidence consistent with substance addition, and a specific description of the proposed

program... there is no documented evidence consistent with substance addition (quantities and duration of use, history of previous discontinuation or tapering trials)."

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R detoxification program x 2 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rapid Detox Page(s): 102-103.

Decision rationale: According to MTUS guidelines, detoxification program is appropriate due to the following reasons: (1) intolerable side effects, (2) lack of response, (3) aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness or (5) lack of function improvement. This injured worker has documented evidence of chronic use of multiple medications including opioids with intolerable side effects, lack of clinical response, clear evidence of dependence, documented significant psychiatric illness and total lack of functional improvement. Based on fitting all of these criteria the injured worker is medically appropriate for detoxification program and the treatment is clinically indicated. The peer reviewer states that there is no evidence that prior weaning has been attempted. From the provided medical records it is clear that due to the patient's unstable psychiatric condition and past failed attempts at weaning, further attempts at weaning are not advised outside of a structured detoxification program. The peer reviewer also states that the treatment protocol is not outlined in the medical record, however the duration of 2 week, outpatient treatment with a multidisciplinary team is described in literature on the specific detoxification program. Consequently, the outlined treatment is clinically appropriate and necessary for this injured worker.

Terocin patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended.

lidocaine/capsaicin are not recommended as a compounded agent. Consequently continued use of the above listed compounded agent is not supported at this time.

Theramine #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Foods

Decision rationale: Theramine is a medical food consisting of choline bitartrate, L-arginine, L-histamine, L-glutamin. According to ODG, medical foods may be appropriate in the treatment of medical condition if there is clear scientific evidence supporting it's use as a validated treatment of a specific medical treatment. According to the published research there is no clinical reason for supplementing with choline for the diagnosed condition of neuropathic pain. Consequently the medical food theramine is not medically necessary or appropriate.