

Case Number:	CM15-0002210		
Date Assigned:	01/13/2015	Date of Injury:	02/09/2006
Decision Date:	03/16/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 is a 62-year-old female who reported an injury on 02/09/2006. The mechanism of injury was unspecified. Her relevant diagnoses included myalgia and myositis, diabetes mellitus without complications, and obesity. Her past treatments included physical therapy, medication, medical foods, a cane, and psychiatric care. On 12/15/2014, the injured worker complained of continued total body pain, chronic fatigue, problems sleeping, and morning gel phenomenon. The injured worker was in a walker. There was no new joint swelling indicated, the injured worker had a normal neurological examination, and no rheumatoid arthritis deformities were noted. Her relevant medications were not noted. The treatment plan included a urine toxicology, tramadol 150 mg, Prilosec 20 mg, Theramine, flurbiprofen 180 mg, and Trepadone. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for tramadol 150 mg is not medically necessary. According to the California MTUS Guidelines, patients on opioid medications require ongoing monitoring to include documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be monitoring for aberrant drug related behaviors. The injured worker was indicated to have been on tramadol for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for aberrant drug related behaviors or side effects. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary. A weaning schedule would be recommended.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

Decision rationale: The request for Prilosec 20mg is not medically necessary. According to the California MTUS Guidelines, patients should be assessed for GI and cardiovascular risk factors to include being over the age of 65; to have a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; and high dose/multiple NSAID use. In addition, proton pump inhibitors are used for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on Prilosec for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker was assessed for GI and cardiovascular risk factors. In addition, there was a lack of documentation to indicate the injured worker had a medical necessity for the treatment of dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Theramine: 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 Chapter, Theramine

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

Decision rationale: The request for Theramine is not medically necessary. According to the Official Disability Guidelines, Theramine is not recommended for the treatment of chronic pain. Theramine is considered a medical food and is intended for use in the management of pain

syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The injured worker was indicated to have been prescribed Theramine for an unspecified duration of time. However, there was a lack of documentation to identify specifically if the injured worker had fibromyalgia. There was also a lack of documentation that the injured worker had a deficiency in any of noted ingredients requested to support the medical necessity of a dietary supplement. There is also a lack of documentation the injured worker needed Theramine for the treatment of pain syndromes. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, the request failed to specify a dosage, frequency, and duration. As such, the request is not medically necessary.

Flurbiprofen 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The request for flurbiprofen 180 mg is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended for the treatment of patients with osteoarthritis and are recommended at the lowest dose for the shortest period of time. In addition, acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The injured worker was indicated to have been on flurbiprofen for an unspecified duration of time. However, there was a lack of documentation indicating the injured worker had osteoarthritis, rheumatoid arthritis, tendinitis, or bursitis. Furthermore, the guidelines recommend it to be used at the lowest dose for the shortest duration. In addition, there was a lack of documentation the injured worker had undergone initial therapy with acetaminophen. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Trepadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Trepadone.

Decision rationale: The request for Trepadone is not medically necessary. According to the Official Disability Guidelines, Trepadone is not recommended and is considered to be a medical food. However, it may be indicated for patients with certain cardiovascular and lipid conditions; for the treatment of rheumatoid arthritis; and for selected patients for depression, primarily those who are not able to take conventional antidepressants. However, there is insufficient evidence to support use for osteoarthritis or for neuropathic pain. The injured worker was indicated to have been on Trepadone for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had cardiovascular or lipid conditions, had

rheumatoid arthritis, or was unable to take conventional antidepressants for depression. Furthermore, the guidelines do not recommend the use of Trepadone. Based on the above, the request is not supported by the evidence based guidelines. In addition, the request failed to specify a dosage, frequency, and duration. As such, the request is not medically necessary.