

Case Number:	CM15-0005268		
Date Assigned:	04/03/2015	Date of Injury:	11/27/2006
Decision Date:	05/07/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 67-year-old female who sustained an industrial injury on 11/27/2006. Diagnoses include cervical radiculopathy, lumbar radiculopathy, bilateral shoulder internal derangement and bilateral knee derangement. Treatment to date has included medications, and diagnostic testing. A physician progress note documents the injured worker complains of constant neck pain rated a being a 5 out of 10 radiating to the bilateral upper extremities with numbness and tingling; constant low back pain rated as a 6 out of 10 with pain radiating to the left lower extremity with numbness and tingling; constant bilateral shoulder pain rated 6 out of 10 ten on the left and 7 out of 10 on the right; and occasional right knee pain rated a 5 out of 10 and constant left knee pain rated as 7 out of 10. Cervical range of motion is restricted. She has tenderness to palpation along the paravertebral muscle of the cervical spine with spasms. She has a positive impingement sign on the right and supraspinatus isolation test is positive on the left. Treatment requested is for Capasaicin 025% methyl salicylate 25%/ menthol 10%/lidocaine 2.5%, Flurb (NAP) cream-LA 180 grams, Gabacyclotram 180 mgs, Methoderm gel 240ml, Sominicin # 30 capsules, Terocin 120ml, Theramine #90, and Trepadone #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sominicin # 30 capsules: 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 Official Disability Guidelines (ODG) Somincin.

Decision rationale: According to the ODG, Somincin is a medical food. Medical foods are not supported by the MTUS. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Menthoderm gel 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Theramine #90: 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 Official Disability Guidelines (ODG) Theramine.

Decision rationale: Theramine: Official Disability Guidelines, Pain (Chronic) Theramine According to the official disability guidelines, theramine is not recommended. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the

use of this product." In this manufacturer study comparing Theramine to naproxen; Theramine appeared to be effective in relieving back pain without causing any significant side effects. (Shell, 2012) Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Trepadone #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 Official Disability Guidelines (ODG) Trepadone.

Decision rationale: According to the ODG, Trepadone is a medical food. Medical foods are not supported by the MTUS / ODG. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Capasaicin.025% methyl salicylate 25%/ menthol 10%/lidocaine 2.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.

Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Flurbi (NAP) cream-LA 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Gabaclotram 180 mgs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.