

Case Number:	CM15-0019338		
Date Assigned:	03/16/2015	Date of Injury:	01/09/2003
Decision Date:	06/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York

Certification(s)/Specialty: Internal 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 44 year old male who sustained an industrial injury on 01/09/03. He reports anxiety, depression, low back and right knee pain, constipation, and improving gastroesophageal reflux, blurred vision and shortness of breath. Diagnoses include status post lumbar spine surgery, right knee pain, epigastric abdominal pain, gastroesophageal reflux disease/gastropathy secondary to stress and Non-steroidals, irritable bowel syndrome, internal hemorrhoids, aggravated by constipation, status post H pylori treatment, diabetes mellitus, blurred vision, paresthesia of bilateral lower extremities, chest pain, shortness of breath vs anxiety, cephalgia, obstructive sleep apnea, and psychiatric diagnosis. Treatments to date include medications and surgery. In progress report dated 11/24/14 the treating provider recommends treatment with tramadol, Medrol, Amitiza, glipizide, novolog insulin, diabetic test strips, alcohol swabs, Levemir, Appttrim, Sentra AM and PM, and Theramine. On 01/05/15 Utilization Review non-certified the Tramadol Medrol, and Amitiza, citing MTUS guidelines. The Appttrim and Sentra were non-certified citing non-MTUS guidelines. The Glipizide, Novolog, Levemir, diabetic testing strips, and alcohol swabs, as well as the Theramine were non-certified citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate that the injured worker has had significant improvement in pain or function on chronic use of this medication. With MTUS guidelines not being met, the request for Tramadol 50mg #60 is not medically necessary.

Medrox patches #30: 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): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Medrox is a topical analgesic containing Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request Medrox patches #30 is not medically necessary by MTUS.

Amitiza 24mcg #60: 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 ODG, Medications, Lubiprostone (Amitiza).

Decision rationale: ODG recommends Amitiza only as a possible second-line treatment for opioid-induced constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Amitiza to treat opioid-induced constipation is no longer indicated. The request for Amitiza 24mcg #60 is not medically necessary.

Glipzide 20mg #10: Overturned

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 ODG, Diabetes, Sulfonylurea.

Decision rationale: Per ODG, Sulfonylureas are not recommended as a first-line choice in the treatment of Diabetes, but may be recommended as a safe alternative to thiazolidinedione treatment. Some authors report that sulfonylureas are safer compared to thiazolidinediones, because they give a better and faster improvement of glycated hemoglobin without giving the adverse effects reported with the use of thiazolidinediones. Documentation shows that injured worker is prescribed Inulin and Metformin in addition to Glipzide. Physician report at the time of the requested service under review also indicates poorly controlled Diabetes, supporting the medical necessity to optimize medication management. The request for Glipzide 20mg #10 is appropriate and medically necessary per guidelines.

Novolog 10 units: Overturned

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 ODG, Diabetes, Insulin.

Decision rationale: ODG recommends Insulin for treatment of type 1 Diabetes, or for type 2 diabetes if glycemic goals are not reached by oral antidiabetics. Insulin is required in all patients with type 1 diabetes, and it should be considered for patients with type 2 diabetes when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient has symptomatic hyperglycemia. The amount of insulin must be balanced with food intake and daily activities. Although there is no pertinent laboratory report available for review, Physician report at the time of the requested service under review indicates the injured worker has poorly controlled Diabetes, supporting the medical necessity to optimize medication management. The request for Novolog 10 units is appropriate and medically necessary per guidelines.

Levemir 20 units: Overturned

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 ODG, Diabetes, Insulin.

Decision rationale: ODG recommends Insulin for treatment of type 1 Diabetes, or for type 2 diabetes if glycemic goals are not reached by oral antidiabetics. Insulin is required in all patients with type 1 diabetes, and it should be considered for patients with type 2 diabetes when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient has symptomatic hyperglycemia. The amount of insulin must be balanced with food intake and daily activities. Although there is no pertinent laboratory report available for review, Physician report at the time of the requested service under review indicates the injured worker has poorly controlled Diabetes, supporting the medical necessity to optimize medication management. The request for Levemir 20 units is appropriate and medically necessary per guidelines.

Diabetic test strips: Overturned

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 American Diabetes Association (www.diabetes.org).

Decision rationale: Documentation shows that injured worker has poorly controlled Diabetes, supporting the medical necessity to optimize medication management and to monitor glucose levels. The request for Diabetic test strips is appropriate and medically necessary per guidelines.

Alcohol swabs: Overturned

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 American Diabetes Association (www.diabetes.org).

Decision rationale: Documentation shows that injured worker has poorly controlled Diabetes. Supporting the medical necessity to optimize medication management and to monitor glucose levels. The request for Alcohol swabs is appropriate and medically necessary per guidelines.

Two bottles of Apptrim D provided on 11/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision. Char Format

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Medical food and Other Medical Treatment Guidelines Cincinnatihealthinstitute.com.

Decision rationale: Appttrim-D is a medical food formulated to treat obesity, morbid obesity and metabolic syndrome. Per ODG, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation fails to show objective evidence supporting the medical necessity for a medical food in the treatment of this injured worker. The request for Two bottles of Appttrim D provided on 11/24/14 is not medically necessary.

Two bottles of Sentra AM #60 provided on 11/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Sentra PM is a medical food for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. Per ODG, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation shows that the injured worker is diagnosed with Anxiety and Depression. There is no objective evidence provided to support the medical necessity for a medical food in the presence of established treatment guidelines utilizing prescription medications. The request for Two bottles of Sentra PM #60 provided on 11/24/14 is not medically necessary.

Two bottles of Sentra PM #60 provided on 11/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse.

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

Decision rationale: Sentra PM is a medical food for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. Per ODG, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation shows that the injured worker is diagnosed with Anxiety and Depression. There is no objective evidence provided to support the medical necessity for a medical food in the presence of established treatment guidelines utilizing prescription medications. The request for Two bottles of Sentra PM #60 provided on 11/24/14 is not medically necessary.

Tramadol 50 #60 provided on 11/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate that the injured worker has had significant improvement in pain or function on chronic use of this medication. With MTUS guidelines not being met, the request for Tramadol 50 #60 provided on 11/24/14 is not medically necessary.

Theramine #90 provided on 11/24/14: 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 ODG, Medical Food, Medications.

Decision rationale: Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). Per ODG, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation fails to show objective evidence supporting the medical necessity for a medical food in the treatment of this injured worker. The request for Theramine is not medically necessary. The request for Theramine #90 provided on 11/24/14 is not medically necessary.