

Case Number:	CM15-0125386		
Date Assigned:	08/04/2015	Date of Injury:	09/23/2008
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pediatrics, 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 61 year old female injured worker suffered an industrial injury on 9/23/2008. The diagnoses included chronic right wrist and elbow pain, myofascial pain syndrome, left shoulder labral tear and right rotator cuff tear. The treatment included medications. The diagnostics included electromyographic studies of the bilateral upper extremities, right shoulder, left shoulder, and cervical and lumbar spine magnetic resonance imaging. On 6-9-2015 the treating provider reported complaints of persistent right shoulder and wrist pain rated 6/10. She noted pain in the right wrist, neck, back, especially with movement. On exam there was tenderness of the upper back, cervical spine and right upper extremity. All urine drug screens were negative. With medications she was able to walk and exercise. It was not clear if the injured worker had returned to work. The requested treatments included Tramadol ER, Terocin patches, Sentra PM and Sentra AM.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included no evidence of a comprehensive pain assessment and evaluation. There was no specific evidence of functional improvement. Therefore Tramadol was not medically necessary.

One (1) prescription for Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation provided indicated Terocin patches included Lidocaine. The only FDA approved Lidocaine topical patch is Lidoderm. Even though menthol is approved for topical use this cannot be approved due to other components not being medically necessary.

One (1) prescription for Sentra PM #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 (ODG), 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, Medical Food.

Decision rationale: MTUS guidelines were silent. The Official Disability Guidelines (Pain, Medical Food) Sentra PM is not recommended for chronic pain. Medical foods are not

recommended for treatment for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Therefore Sentra PM was not medically necessary.

One (1) prescription for Sentra AM #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 (ODG), 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) Medical Food.

Decision rationale: MTUS guidelines do not comment on the use of Sentra. ODG states that Sentra is not recommended. Sentra AM is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, intended for use in management of fatigue and cognitive disorders. It is a proprietary blend of Choline Bitartrate, Cocoa Extract, L-Glutamic Acid, Acetyl L-Carnitine, Dextrose, Ginkgo Biloba, and Hawthorn Berry. See Medical food, Choline & Glutamic Acid. This request is not medically necessary and appropriate.