

Case Number:	CM15-0128384		
Date Assigned:	07/15/2015	Date of Injury:	05/31/2012
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: Georgia, California, Texas

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 is a 47 year old female, who sustained an industrial injury on 5/31/12. The injured worker has complaints of chronic axial low back pain. Lumbar spine examination revealed flexion degrees with pain decreased and extension degrees with pain decreased, right and left lateral flexion decreased with pain. The documentation noted that the palpation positive lumbar paravertebral tenderness L5-S1 (sacroiliac) pain increased with extension and lateral flexion. The diagnoses have included facet joint syndrome lumbar spine; low back pain and degeneration of lumbar disk. Treatment to date has included chiropractor; physical therapy; magnetic resonance imaging (MRI) showed degenerative disc disease and degenerative joint disease most significant at L4-5 and L5-S1 (sacroiliac), there was significant bilateral facet arthropathy seen at L5-S1 (sacroiliac) bilaterally; chiropractic therapy and injections. The request was for lidoderm 5 percent patches #60 and wobenzyn supplement #200 capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS recommends Lidoderm patches as an option for treatment of neuropathic pain. MTUS does not recommend Lidoderm patches for treatment of nociceptive pain. MTUS considers Lidoderm patches to be a second-line treatment, and does not recommend Lidoderm unless there has been a previous trial of first-line medications for neuropathic pain, such as a tricyclic or SNRI antidepressant, or an antiepileptic drug such as gabapentin. The specific documented diagnoses in this case include facet joint syndrome lumbar spine, low back pain, and degeneration of lumbar disk(s), with primary symptoms of chronic axial low back pain. No objective evidence of neuropathic pain is documented. A previous trial of a first-line agent for neuropathic pain is not documented. Medical necessity is not established for use of Lidoderm Patches per MTUS recommendations. The request is not medically necessary.

Wobenzyn supplement #200 capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4329848>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASGE Standards of Practice Committee.

Decision rationale: Wobenzym N is an enzyme tablet containing plant-based enzymes bromelain and papain. Bromelain and papain belong to a class of enzymes known as proteases, and are also used in commonly available meat tenderizers. Per manufacturer's website for Wobenzym N (<http://www.gardenoflife.com/ProductsforLife/Supplements/ImmunitySupport/WobenzymN/tabid/1900/Default.aspx>), this supplement increases flexibility and joint mobility, supports joint and tendon health, and provides temporary relief from aches, pains, and muscle soreness due to

everyday activity. However, in small print at bottom of page it states: "These statements have not been evaluated by the Food and Drug Administration" and "these products are not intended to diagnose, treat, cure, or prevent any disease." MTUS and ODG are silent concerning proteolytic enzymes for treatment of joint problems of osteoarthritis. The National Guidelines Clearinghouse website identifies recommendations for papain for treatment of food impaction or for enzymatic debridement of wounds, but none regarding these enzymes for treatment of joint complaints. Search of the medical literature using PubMed and search terms (papain or bromelain) and (joint) identified no research specifically supporting the effectiveness of papain for treatment of joint problems or arthritis, and multiple articles concerning use of papain injections to the joint to artificially induce a model of osteoarthritis in animal studies. Studies using bromelain or enzyme mixtures for treatment of osteoarthritis yielded mixed results, some showing no effect and some showing effects comparable to oral NSAIDs. At present there appears to be insufficient evidence of effectiveness in controlled studies to support use of Wobenzym N for treatment of joint complaints. Medical necessity is not established for the requested supplement. The request is not medically necessary.