

Case Number:	CM15-0172439		
Date Assigned:	09/14/2015	Date of Injury:	03/19/2012
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 43 year old male, who sustained an industrial injury on March 19, 2012. He reported injury to his back and right pinky finger. The injured worker was currently diagnosed as having cervicgia, brachial neuritis or radiculitis not otherwise specified, other and unspecified disc disorder cervical region, cervical spondylosis without myelopathy, lumbago, thoracic-lumbosacral neuritis-radiculitis unspecified, sacroiliitis not elsewhere classified, lumbosacral spondylosis without myelopathy and unspecified myalgia and myositis. Treatment to date has included diagnostic studies, injection, psychology evaluation, chiropractic treatment and medication. On August 18, 2015, the injured worker complained of neck pain radiating to his upper extremities. He was noted to be status post lumbar epidural injection with "good decrease" of lower back pain and radiating pain. On the day of exam, he continued to have low back pain with a numbness and tingling sensation in the legs. The pain was rated currently as a 7 on a 0-10 pain scale both with medications and without medications. The treatment plan included a cervical epidural steroid injection, medication and a follow-up visit. A request was made for Ultram 50mg #28, Flexeril 10mg #28, Theramine #90, Percura #120, Sentra PM #60 and Trepadone #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, "Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has lumbar, cervical and upper extremity pain which is currently being treated with supplements, opioids and injection therapy. The patient is at risk for addiction due to his history of opioid use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Flexeril 10mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic upper extremity and back pain of the cervical and lumbar spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine 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 (ODG), Pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), Theramine is: "Not recommended for the treatment of chronic pain. 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%)." This patient has chronic lower back pain secondary to an industrial accident. Per ODG, teramine is specifically not indicated for the treatment of chronic pain. Therefore, based on the submitted medical documentation, the request for theramine is not medically necessary.

Percura #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 (ODG) Pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not specifically address this topic. Therefore, outside sources were sought. Percura is a new amino-acid based prescription medical food designed for the dietary management of the metabolic processes associated with pain, inflammation, and loss of sensation due to peripheral neuropathy. Percura is a prescription medical food that acts by providing the nutritional requirements that support the synthesis and physiological activities of neurotransmitters involved in neuropathic pain. Percura is a medical food that is a combination of amino acids. The medical necessity of the prescribed medical food Percura for pain relief and anti-inflammation for the cited diagnoses has not supported with any evidence-based guidelines. The rationale for the prescription of medical foods over prescribed oral medications is also not explained fully or supported with objective evidence. Likewise, the objective findings in the clinical documentation provided does not support the prescription of Percura as the compounded medications were not subjectively or objectively documented to have improved function or decreased pain. Therefore, based on the submitted medical documentation, the request for massage therapy is not medically necessary.

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) Pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines state that Sentra PM is not recommended. Sentra PM is a medical food from [REDACTED] intended 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. There was no rationale submitted in the submitted documentation to indicate the use of Sentra PM other than the patient's chronic pain syndrome. There were no other significant factors provided to justify the use outside of the current guidelines. Given the evidence based guidelines and the lack of submitted documentation, the request would not be indicated. Therefore, based on the submitted medical documentation, the request for Sentra PM 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 (ODG) Pain.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. The medical documentation submitted does not reveal a clear rationale why the patient necessitates this supplement. Therefore, based on the submitted medical documentation, the request for massage therapy is not medically necessary.