

<b>Case Number:</b>	CM15-0175049		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California, Indiana, 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 48 year old male, who sustained an industrial injury on 12-27-2013. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical strain-sprain with radiculitis, cervical disc protrusion, thoracic strain-sprain, myofascial pain, bilateral shoulder strain-sprain, right shoulder tendinosis, bilateral elbow strain-strain and sleep disturbance second to pain. Treatments to date include topical compound cream, Motrin, Trepadone, and Theramine, physical therapy and shockwave therapy. Currently, he complained of increased pain in the neck and left elbow and decreased pain in the mid back and right upper extremity. On 7-16-15, the physical examination documented cervical tenderness with muscle spasm and trigger points noted. The thoracic spine area was tender with muscle spasm, restricted range of motion and trigger points noted. There was bilateral shoulder and bilateral elbow tenderness with positive impingement and Supraspinatus tests. The records indicated topical compounds were ordered in May 2015 and Motrin, Theramine, and Trepadone were ordered in April 2015, however, the records did not documented if these were being used or objective data to support the efficacy of medication. The plan of care included continuation of physical therapy and medication therapy. The appeal requested authorization for Motrin 800mg #90; Theramine #90; and Trepadone #120. The Utilization Review dated 9-10-15, denied the request citing California Medical Treatment Utilization Schedule (MTUS) Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Motrin 800mg #90:** 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain strain with radiculitis; thoracic musculoligamentous sprain strain, myofascial pain; bilateral shoulder sprain strain; bilateral elbow sprain strain and sleep disturbance secondary to pain. Date of injury is December 27, 2013. Request authorization is August 3, 2015. According to a May 7, 2015 and June 11, 2015 progress note, the treating provider prescribed topical analgesics to minimize the complications with non-steroidal anti-inflammatory drugs. According to a June 16, 2015 progress note, subjective complaints included neck pain, back pain and bilateral shoulder and elbow pain. Objectively, there was cervical tenderness to palpation, spasm was noted decreased range of motion. There was tenderness to palpation of thoracic and bilateral shoulder region. The treating provider's treatment plan included a prescription for Motrin 800 mg. There is no clinical rationale for changing topical analgesics to non-steroidal anti-inflammatory drugs when topical analgesics were prescribed to minimize the effects of anti-inflammatory drugs. Additionally, the treating provider initially prescribed an excessive dose of Motrin 800 mg in lieu of a lower dose. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical rationale for adding a non-steroidal anti-inflammatory drug (when topical analgesics were prescribed to minimize the effects of anti-inflammatories), Motrin 800 mg #90 is not medically necessary.

### **Theramine Capsules #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Theramine.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Theramine capsules #90 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain strain with radiculitis; thoracic musculoligamentous sprain strain, myofascial pain; bilateral shoulder sprain strain; bilateral elbow sprain strain and sleep disturbance secondary to pain. Date of injury is December 27, 2013. Request authorization is August 3, 2015. According to a May 7, 2015 and June 11, 2015 progress note, the treating provider prescribed topical analgesics to minimize the complications with non-steroidal anti-inflammatory drugs. According to a June 16, 2015 progress note, subjective complaints included neck pain, back pain and bilateral shoulder and elbow pain. Objectively, there was cervical tenderness to palpation, spasm was noted decreased range of motion. There was tenderness to palpation of thoracic and bilateral shoulder region. Medical foods are not recommended for chronic pain. There is no clinical indication or rationale for the Theramine caps. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for medical foods and guideline non-recommendations for Theramine, Theramine capsules #90 is not medically necessary.

**Trepadone #120:** Upheld

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Trepadone #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain strain with radiculitis; thoracic musculoligamentous sprain strain, myofascial pain; bilateral shoulder sprain strain; bilateral elbow sprain strain and sleep disturbance secondary to pain. Date of injury is December 27, 2013. Request authorization is August 3, 2015. According to a May 7, 2015 and June 11, 2015 progress note, the treating provider prescribed topical analgesics to minimize the complications with non-steroidal anti-inflammatory drugs. According to a June 16, 2015 progress note, subjective complaints included neck pain, back pain and bilateral shoulder and elbow pain. Objectively, there was cervical tenderness to palpation, spasm was noted decreased range of motion. There was tenderness to palpation of thoracic and bilateral shoulder region. Medical foods are not recommended for chronic pain. There is no clinical indication or rationale for the Trepadone. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for medical foods and guideline non-recommendations for Trepadone, Trepadone capsules #120 is not medically necessary.