

Case Number:	CM15-0024853		
Date Assigned:	02/17/2015	Date of Injury:	05/21/2007
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on May 21, 2007. The injured worker had sustained injuries to his back and developed a hernia. The diagnoses have included lumbar sprain, cervical sprain, lumbago, lumbosacral neuritis, thoracic sprain, lumbar disc displacement and chronic and recurrent lumbar strain. Treatment to date has included medications, physical therapy, MRI of the lumbar spine, neurodiagnostic studies of the lower extremities, a left inguinal hernia repair in 2010 and lumbar surgery in 2010. Current documentation dated December 24, 2014 notes that the injured worker complained of pain in the lumbar spine and a hernia. The injured worker was noted to have difficulty with activities of daily living due to the pain and has developed anxiety and depression due to the injuries. Physical examination of the lumbar spine revealed tenderness to palpation, a decreased range of motion and decreased sensitivity in the right lower extremity. On January 5, 2015 Utilization Review non-certified a request for Subutex 8 mg # 120, Prilosec 20 mg # 30 and Theramine # 120. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 8mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg 26-27, Buprenorphine Page(s): 26-27.

Decision rationale: The requested Subutex 8mg #120, is not medically necessary. CA Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, July 18, 2009, Pg 26-27, Buprenorphine note "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has pain in the lumbar spine and a hernia. The injured worker was noted to have difficulty with activities of daily living due to the pain and has developed anxiety and depression due to the injuries. Physical examination of the lumbar spine revealed tenderness to palpation, a decreased range of motion and decreased sensitivity in the right lower extremity. There is no documentation of such opiate addiction or detoxification. There is no VAS quantification of pain, with and without medications. There is no documented symptomatic or functional improvement from its previous usage. The criteria noted above not having been met, Subutex 8mg #120 is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the lumbar spine and a hernia. The injured worker was noted to have difficulty with activities of daily living due to the pain and has developed anxiety and depression due to the injuries. Physical examination of the lumbar spine revealed tenderness to palpation, a decreased range of motion and decreased sensitivity in the right lower extremity. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Prilosec 20mg #30 is not medically necessary.

Theramine #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: The requested Theramine #120 , is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision. The injured worker has pain in the lumbar spine and a hernia. The injured worker was noted to have difficulty with activities of daily living due to the pain and has developed anxiety and depression due to the injuries. Physical examination of the lumbar spine revealed tenderness to palpation, a decreased range of motion and decreased sensitivity in the right lower extremity. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine #120 is not medically necessary.