

Case Number:	CM15-0028750		
Date Assigned:	02/20/2015	Date of Injury:	03/26/2014
Decision Date:	05/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 45 year old male, who sustained an industrial injury on 3/26/2014. He has reported a slip and fall with injury to the right knee and left elbow. The diagnoses have included bilateral Sacroiliac (SI) radiculopathy, status post prior L5 laminectomy, traumatic patellar dislocation with chronic instability, and lateral left elbow epicondylitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, knee brace, ice/heat, physical therapy. Currently, the IW complains of intermittent slight pain in the left elbow pain, low back pain and right knee. The physical examination from 1/7/15 documented tenderness to right side lumbar, cervical spine and left knee. Strength was 5/5, and there was full Range of Motion (ROM). The provider documented evidence of right knee instability and suggested diagnostic arthroscopy and medial patellar ligament reconstruction, possible lateral release and debridement. On 1/26/2015 Utilization Review non-certified Sintralyn OM #30, Vitamin D3, DHEA 50mg #60, and Terocin Patches, noting the treatments were not found medically necessary. The MTUS Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of Sintralyn OM #30, Vitamin D3, DHEA 50mg #60, and Terocin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinralyne OM #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.pnarx.com/index.php/sinralyne-pm>.

Decision rationale: Sinralyne is an over the counter dietary supplement provided in a gel capsule. It is used to treat insomnia and provide more restful sleep. This sleep aid contains the active ingredients Melatonin and Gamma-Aminobutyric Acid (GABA) and a proprietary blend of herbal extracts and amino acids Documentation fails to show objective evidence to support the medical necessity for the use a dietary supplement in the care of the injured worker. Furthermore, MTUS provides no evidence recommending the use of Sinralyne in the treatment of chronic pain. The request for Sinralyne OM #30 is not medically necessary by established guidelines.

Vitamin D3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/vitamind.html>.

Decision rationale: Vitamin D can be supplemented in through the skin, from dietary sources, and from supplements. Vitamin D is naturally absorbed after exposure to sunlight. Documentation provided for review fails to show that the injured worker is Vitamin D deficient and there is no report to support that Vitamin D supplementation is related to the current work-related conditions. The request for Vitamin D3 is not medically necessary.

DHEA 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/natural/331.html>.

Decision rationale: DHEA is a dietary supplement used for weight loss, for decreasing the symptoms of menopause, and for boosting the immune system. DHEA is said to be possibly unsafe when used in larger amounts (higher than 50-100mg daily) and long-term. Documentation fails to show objective evidence to support the medical necessity for the use a

dietary supplement in the care of the injured worker. The request for DHEA 50mg #60 is not medically necessary.

Terocin patches: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin patches is not medically necessary.

Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Ultracet is a combination of Acetaminophen and Tramadol. Documentation fails to demonstrate significant improvement in pain or level of function, to justify the ongoing use of Ultracet. With MTUS guidelines not being met, the request for Ultracet 37.5/325mg #60 is not medically necessary.