

Case Number:	CM14-0071664		
Date Assigned:	08/08/2014	Date of Injury:	07/11/1997
Decision Date:	09/01/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 49 year old male who sustained an industrial injury on July 11, 1997. Previous treatments include lumbar fusion, medications, imaging of the lumbar and thoracic spine, and H-wave therapy. Currently, the injured worker complains of persistent back pain with spasms. Diagnoses associated with the request include failed back surgery syndrome, lumbar radiculopathy, spasm of the muscle, constipation, depression, anxiety, insomnia and gastritis. The treatment plan includes epidural steroid injection, physical therapy, H-wave therapy, medications to include Narcosoft, Norco, tramadol, gabapentin, Flurbiprofen, Theramine, Sentra and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lumbar Epidural Steroid Injection (unknown location): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Epidural steroid injections (ESIs).

Decision rationale: This requested treatment for Epidural steroid injections (ESIs) is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. ODG criteria do not recommend additional epidural steroid injections, if significant improvement is not achieved with an initial treatment. In the submitted documentation for review, there are no provocative tests that suggest radiculopathy. Imaging reports are also neither conclusive nor corroborative. Injured worker had 50% pain relief from previous epidural steroid injections. This request does not specify location. The requested treatment Lumbar Epidural Steroid Injection is not medically necessary and appropriate.

Theramine #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Theramine.

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

Decision rationale: ODG state that dietary supplements/vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food 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 disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Official Disability Guidelines (ODG) do not recommend Theramine 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%). The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA. There is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Request does not specify frequency. Therefore, the request is not medically necessary.

Sentra AM #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.

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 Chapter--Medical Food.

Decision rationale: ODG state that dietary supplements/vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food 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 disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra is a medical food that contains choline barbitrate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Therefore the requested treatment: Sentra AM is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter--Medical Food.

Decision rationale: ODG state that dietary supplements/vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food 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 disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Official Disability Guidelines (ODG) do not recommend Theramine for the treatment of chronic pain. Sentra is a medical food that contains choline barbitrate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Therefore the requested treatment: Sentra PM is not medically necessary.

Unknown prescription for Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: patients that have risk for Gastrointestinal Events.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this injured worker, there is diagnosis of Gastritis, but no documentation of any reported GI complaints. Based on the available information provided for review, Omeprazole is not medically necessary.

Aquatic Therapy Sessions (unknown body part/duration/frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Aquatic therapy.

Decision rationale: Both MTUS and ODG recommend Aquatic Therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, of injured worker, Aquatic therapy may be indicated but as the request neither specifies the body parts, nor the number of sessions, therefore, the determination cannot be made. The Requested Treatment: Aquatic Therapy Sessions (unknown body part/duration/frequency) is not medically necessary and appropriate.