

Case Number:	CM13-0010314		
Date Assigned:	12/18/2013	Date of Injury:	10/23/1993
Decision Date:	02/18/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient who reported an injury on 10/23/1993. The patient is diagnosed with multilevel degenerative changes in the cervical spine and lumbar radiculopathy. The patient was seen by [REDACTED] on 05/03/2013. The patient reported persistent neck pain with headaches, as well as radiation to bilateral upper extremities and lower back pain with radiation to bilateral lower extremities. Physical examination revealed decreased cervical range of motion with tightness and stiffness, mild tenderness over bilateral occipital nerves, intact sensation, positive Tinel's testing bilaterally, limited lumbar range of motion, tenderness to palpation, tightness with occasional trigger points in the lumbar spine, negative straight leg raising bilaterally, tenderness over bilateral knee joints, and increased pain with flexion and extension of bilateral knees. Treatment recommendations included continuation of current medication with the exception of Mobic, initiation of topical analgesics, and bilateral cervical medial branch nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for twelve (12) Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient's injury was over 20 years ago to date. Documentation of a previous course of physical therapy was not provided for review. Furthermore, the current request for 12 sessions of physical therapy exceeds guideline recommendations, which allow for 8 to 10 visits over 4 weeks for radiculitis, and 9 to 10 visits over 8 weeks for myalgia and myositis. Based on the clinical information received, the request is non-certified.

The prospective request for one (1) Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's injury was more than 20 years ago, and he is no longer in the acute phase of treatment. There was no documentation of significant instability on physical examination. There is no evidence of compression fractures or spondylolisthesis. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

The prospective request for one (1) prescription of Ketoprofen 20%/Cyclobenzaprine 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Muscle relaxants are not recommended for topical use, as there is no evidence for the use of any muscle relaxant as a topical product. Guidelines further state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The patient does not demonstrate neuropathic pain on physical examination. There is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Therefore, the request is non-certified.

The prospective request for one (1) prescription for Gabapentin 10%/Tramadol 20%/Baclofen 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Muscle relaxants are not recommended for topical use, as there is no evidence for the use of any muscle relaxant as a topical product. Guidelines further state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The patient does not demonstrate neuropathic pain on physical examination. There is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Gabapentin is also not recommended, as there is no peer-reviewed literature to support its use. Based in the clinical information received, the request is non-certified.

The prospective request for Klonopin 0.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient does not report symptoms of anxiety or depression. The patient has continuously utilized Klonopin. California MTUS Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. As guidelines do not recommend long-term use of this medication, their current request is non-certified.

The prospective request for Theramine #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), Chronic 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), Chronic Pain Chapter, Section on Medical Food.

Decision rationale: Theramine is an FDA-regulated medical food nutritional product designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Treadone is also a medical food formulated by physicians to be used for the management and relief of pain and inflammation related to joint disorders. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is indicated for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. Given the lack of evidence-based guidelines to support the efficacy of the requested medication, the current request cannot be determined as medically appropriate. There is no evidence of a failure to respond to more traditional analgesic medication prior to the initiation of a nutritional supplement. Based on the clinical information received, the request is non-certified.

The prospective request for Treadone #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), Chronic 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), Chronic Pain Chapter, Section on Medical Food.

Decision rationale: Theramine is an FDA-regulated medical food nutritional product designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Treadone is also a medical food formulated by physicians to be used for the management and relief of pain and inflammation related to joint disorders. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is indicated for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. Given the lack of evidence-based guidelines to support the efficacy of the requested medication, the current request cannot be determined as medically appropriate. There is no evidence of a failure to respond to more traditional analgesic medication prior to the initiation of a nutritional supplement. Based on the clinical information received, the request is non-certified.

The prospective request for 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), Chronic 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically-supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to nonpharmacologic treatment prior to initiation of a prescription medication. Based on the clinical information received, the request is non-certified.

The prospective request for one (1) lab order for B6, B3, Zinc, and Copper Levels: 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 Lab Tests Online (www.labtestsonline.com), HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on November 1, 2011.

Decision rationale: One or more B vitamin tests may be used to screen for and detect deficiencies in those with characteristic symptoms. One or more copper tests are ordered along with ceruloplasmin when someone has signs and symptoms that a doctor suspects may be due to Wilson disease, excess copper storage, copper poisoning, or due to a copper deficiency. As per the clinical notes submitted, the patient does not present with signs or symptoms consistent with copper deficiency or vitamin B deficiency. The medical necessity for the requested laboratory testing has not been established. Based on the clinical information received, the request is non-certified.