

Case Number:	CM13-0018366		
Date Assigned:	10/11/2013	Date of Injury:	06/02/2005
Decision Date:	01/08/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation 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.

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 date of injury in this case is 06/02/2005. The primary treating diagnosis is 338.4 or chronic pain syndrome. The patient was initially injured when he was carrying an object and he fell down a few stairs. The patient was initially diagnosed with spondylolisthesis and lateral epicondylitis of the right elbow, and he also developed a chronic pain and cumulative trauma syndrome. A prior physician review notes that a metabolic profile had been requested due to resuming gabapentin use, although that medication is not authorized, and the medical necessity of a comprehensive metabolic profile was not established. That review notes that a sedimentation rate was not recommended because there was no apparent indication documented in the medical records. That review also noted that there was no documentation of a low vitamin D level, therefore, vitamin D treatment was not indicated. That review notes the patient previously underwent 6 acupuncture visits and that functional improvement was not clearly documented. That review indicates that topical analgesics are not supported as medically necessary and also that regarding gabapentin, prior review had recommended non-certification given the lack of an apparent neuropathic pain diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health (NIH)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 18.

Decision rationale: The MTUS Chronic Pain guidelines do not specifically recommend the use of a metabolic profile with the use of gabapentin. The rationale for this medication is that a metabolic profile has been requested while resuming treatment with gabapentin; however, that medication has not been certified. The request for comprehensive metabolic profile is not medically necessary and appropriate.

Sedimentation rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health (NIH)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Guidelines states that the diagnosis applied by the physician or other healthcare professional should be as precise as possible." At this time, the medical records provided for review do not include a diagnosis or differential diagnosis for which a sedimentation rate would be indicated. A sedimentation rate is a screening tool which may help in monitoring some forms of inflammatory disease. The underlying rationale for this treatment is not apparent. The request for sedimentation rate is not medically necessary and appropriate.

Vitamin D, 25 Hydroxy level: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Treatment of Workers' Compensation (TWC), Section Pain..

Decision rationale: The Official Disability Guidelines states that Vitamin D is to be considered in chronic pain patients and supplementation if necessary." The medical records did not document that the employee has had a reduced vitamin D level. The medical records do not support indication for this request. The request for Vitamin D, 25 Hydroxy level is not medically necessary and appropriate.

One acupuncture visit for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 92.20." The medical records provided for review do not contain that such specific information is in support of functional benefit from past acupuncture. The request for one acupuncture visit for back is not medically necessary and appropriate.

Baco/Cyclo/Flur/Bilido cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: The MTUS Chronic Pain guidelines state that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required...Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Overall the medical records do not contain sufficient information to support an indication for this compounded medication. The addition, the specific compounded medication of cyclobenzaprine is not supported by the guidelines. The request for Baco/Cyclo/Flur/Bilido cream is not medically necessary and appropriate.

Neurontin 300 mg one to two tabs daily: 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 Antiepilepsy Drugs Page(s): 16.

Decision rationale: The MTUS Chronic Pain guidelines state that Neurontin has been considered as a first-line treatment for neuropathic pain." It is not clear from the medical records provided for review that this employee has a source of neuropathic pain. Overall the medical records and guidelines do not support an indication for this treatment. The request for Neurontin 300 mg one to two tabs daily is not medically necessary and appropriate.