MAXIMUS Federal Services

Case Number:	CM13-0029513		
Date Assigned:	11/01/2013	Date of Injury:	12/12/2007
Decision Date:	01/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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, has a subspecialty in Interventional Spine, 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:

The patient is a 50 YO, male with a date of injury on 12/12/07. The UR determination being challenged is dated 9/20/13 and recommends denial of retrospective Vit. D3, Hydroc/APAP, Tramadol HCL, Tizanidine, and Butrans DIS. [redacted]. is the requesting provider, and he provided treatment reports from 4/16/13-9/9/13. Based on the 5/14/13 and 6/25/13 PR-2 provided by [redacted], the patient complains of tenderness/spasm in his back that radiates into his left lower extremity with a positive straight leg raise. He also states he is having increased frequency in numbness and tingling in his left lower extremity. [redacted] 9/16/13 progress report indicates that the patient's diagnoses include: lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, status post lumbar fusion. [redacted] mentions that the patient reported an average pain 8/10 with medications and a pain level of 9/10 without medication. Vitamin D was provided due to serum levels less than 30ng/ml. A statement was made that validated testing for function was performed on six month intervals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vitamin D3 capsule 2000unit: Overturned

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), Cholecalciferol, and (Vitamin D).

Decision rationale: MTUS does not discuss vitamin D supplements for chronic pain patients. Therefore a different guideline was reviewed. ODG states that vitamin D supplementation in chronic pain patients should be considered if necessary. The progress report dated 9/16/13 by [redacted]. [redacted] noted that vitamin D was provided due to serum levels less than 30ng/ml. Authorization is recommended.

Retrospective Hydroco/APAP tab 10/325 #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): s 88-89.

Decision rationale: MTUS pg. 88, 89 requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Specific functioning measures with numerical scale or validated instrument are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. [redacted] 9/16/13 progress report indicates that the patient reported an average pain of 8/10 with medications and a pain level of 9/10 without medication. This is hardly an improvement. A statement was made that validated testing for function was performed on six month intervals. However, none of the reports reviewed from [redacted] or [redacted] between 4/16/13 and 9/9/13 contained this information. Therefore, recommendation is for denial.

Retrospective Tizanidine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmotic drugs Page(s): 66.

Decision rationale: MTUS pg. 66 recommends Zanaflex as a first line option to treat myofascial pain. It is FDA approved for management of spasticity and the unlabeled use for low back pain. The records indicate that this patient suffers from chronic low back pain and myofascial pain/spasms. Authorization is recommended.

Retrospective Butrans DIS 5mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): s 88-89.

Decision rationale: MTUS pg. 88, 89 requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Specific functioning measures with numerical scale or validated instrument are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. [redacted] 9/16/13 progress report indicates that the patient reported an average pain of 8/10 with medications and a pain level of 9/10 without medication. This is hardly an improvement. A statement was made that validated testing for function was performed on six month intervals. However, none of the reports reviewed from [redacted] or [redacted] between 4/16/13 and 9/9/13 contained this information. Therefore, recommendation is for denial.